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ORGANIZATIONAL CAPACITY ASSESSMENT OF COUNTY DEPARTMENT OF CHILDREN'S SERVICES AND OVC LOCAL IMPLEMENTING PARTNERS IN NAIROBI, MOMBASA, TAITA TAVETA, AND KILIFI COUNTIES

BASELINE ASSESSMENT FOR THE NAIROBI/COAST ORPHANS AND VULNERABLE CHILDREN *NILINDE* ACTIVITY

AUGUST 18, 2016

This publication was prepared independently and produced for the U.S. Agency for International Development (USAID). It was prepared by Paul Mwai of the Evaluation Team of Evaluation Services and Program Support for International Business & Technical Consultants, Inc.

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The author's views expressed in this report do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

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Acronyms and Abbreviations

AAC	Area Advisory Council
AMURT	Ananda Marga Universal Relief Team
ART	Antiretroviral Therapy
BOH	Beacon of Hope
CBO	Community-Based Organization
CDF	Constituency Development Fund
CHV	Community Health Volunteers
CPMIS	Child Protection Management Information System
COI	Conflict of Interest
CSO	Civil Society Organization
CT	Cash Transfer
DCO	District Children's Officer
DCS	Department of Children's Services
DSW	Deutsche Stiftung Weltbevoelkerung (Foundation for World Population)
ECD	Early Childhood Development
ESPS	Evaluation Services and Program Support
FBO	Faith-Based Organization
GoK	Government of Kenya
HES	Household Economic Strengthening
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HWW	Hope Worldwide
IBTCI	International Business and Technical Consultants, Inc.
IECE	Integrated Education for Community Empowerment
IP	Implementing Partner
KADA	KADAMWA CBO
KCSD	Kenya Children's Services Directory
KEPH	Kenya Essential Package for Health
KSH	Kenya Shillings
KWETU	KWETU Training Centre for Sustainable Development
LIP	Local Implementing Partner
MOH	Ministry of Health
MMAAK	Movement of Men Against AIDS in Kenya
M&E	Monitoring and Evaluation
MOGCSD	Ministry of Gender, Children, and Social Development
NASCOP	National AIDS and STI Control Program
NACC	National AIDS Control Council
OCA	Organizational Capacity Assessment
OCAT	Organizational Capacity Assessment Tool
OLMIS	Orphans and Vulnerable Children's Longitudinal Management Information System
OVC	Orphans and Vulnerable Children
OVC-CT	Orphans and Vulnerable Children—Cash Transfer
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PI	Plan International
PSS	Psychosocial Support
RIDA	Redeemed Integrated Development Agency
SACCO	Savings and Credit Cooperative Organization
SG+	Savings Groups Plus
SILC	Savings and Internal Lending Communities

USAID	U.S. Agency for International Development
VCO	Volunteer Children's Officer
VSL	Village Savings and Loan
WASH	Water, Sanitation, and Hygiene
YDF	Youth Development Forum
YIKE	Youth Initiatives Kenya

Executive Summary

In support of the Government of Kenya's (GOK) commitment to address the critical needs of its marginalized populations, the U.S. Agency for International Development's Kenya/East Africa Mission (USAID/KEA) entered into a five-year Cooperative Agreement with Plan International (PI) to increase support to orphans and vulnerable children (OVC) and their households in Kenya, spanning a period of performance from August 24, 2015 to August 23, 2020. The activity, referred to as *Nilinde*, which means "protect me" in Swahili, will reduce the economic vulnerability of these households and empower parents and caregivers to make investments that will improve the health and well-being of OVC in the Nairobi and Coast counties (Mombasa, Kilifi, Taita Taveta, Kwale, and Lamu).

Under the Evaluation Services and Program Support (ESPS) contract, International Business and Technical Consultants, Inc. (IBTCI) signed a task order with USAID/KEA on March 7, 2016, to conduct a baseline assessment of the *Nilinde* activity. The statement of objectives (*Annex 1)* defines three components that are of interest to USAID in the assessment; a household survey, mapping of new local implementing partners (LIPs), and an organizational capacity assessment (OCA) of the LIPs and departments of children services (DCSs) in the target counties. This report focuses on the organizational assessment of the LIPs and DCSs.

The overall objective of the broader baseline assessment was to determine the current situation of OVC and their families in Nairobi, Mombasa, Kilifi, and Taita Taveta counties. The baseline findings will be used to establish yearly targets for the program and inform USAID and key stakeholders on the current capacity for OVC programming in the counties.

OCAs are an important component of the baseline assessment process, contributing to USAID/KEA's and the PI-led consortium's understanding of counties' and LIPs' strengths and gaps vis-à-vis Kenya's Minimum Service Standards for Quality Improvement of OVC Programming in Kenya, as well as their governance structures and financial, administrative, and grant management capacities to plan, manage, and coordinate OVC activities.

The baseline assessment team developed two separate organizational capacity assessment tools (OCATs) to facilitate data gathering and analysis, one for use with DCSs and the other for use with LIPs. The OCATs were aligned to the service delivery areas and minimum standards outlined in the GOK's Minimum Service Standards for Quality Improvement of OVC Programming, facilitating rapid assessment of general institutional development issues and in-depth assessment of the program areas outlined in the minimum service package.

The OCAs were designed to yield data relevant to Output 1 ("Increased access to health and social services for OVC and their families") and Output 3 ("Strengthened child welfare and protection systems at national level, and improved structures and services for effective responses in targeted counties"). Performance indicators for the *Nilinde* activity and the assessment of LIP technical capacity (see Section 4) aim to provide information for Baseline Question 6: "What is the current OVC service providers' capacity to conduct quality OVC services?"

The OCA assessed 12 purposively-selected LIPs, 9 in Nairobi County, 2 (Caritas and Deutsche Stiftung Weltbevoelkerung (Foundation for World Population) (DSW) in Kilifi and 1 (Caritas) in both Taita Taveta and Kilifi counties. The assessment included all four county DCSs. The LIPs selected for the OCA are listed in Table 1 by county.

Of the list of LIPs provided to the baseline assessment team, Youth Initiative Kenya, Beacon of Hope, Integrated Education for Community Empowerment (IECE), and KWETU Training Center for

Sustainable Development (KWETU) had not participated in the Pathfinder International-led activities, APHIA II and APHIAPlus.

To complete the OCA exercise, IBTCI recruited a team comprised of four local professionals, coordinated by a local Capacity Building Advisor/OVC Specialist, Jack Buong'. The team was led by a senior public health specialist, Donna Espeut, who has both international and Kenyan evaluation and HIV technical expertise.

All OCA fieldwork for the DCSs took place from April 25 through May 27, 2016. Data collection for the assessment of LIPs took place from May 25 through 28, 2016. The team completed the data analysis between May 30 and June 17, 2016.

Each assessor conducted one OCA with the DCSs and three with LIPs. Before embarking on fieldwork, the Capacity Assessors reviewed the relevant documentation (e.g., vision and mission statements, organizational charts, job descriptions, strategic plans, technical reports, audit reports, meeting minutes, and procurement documentation).

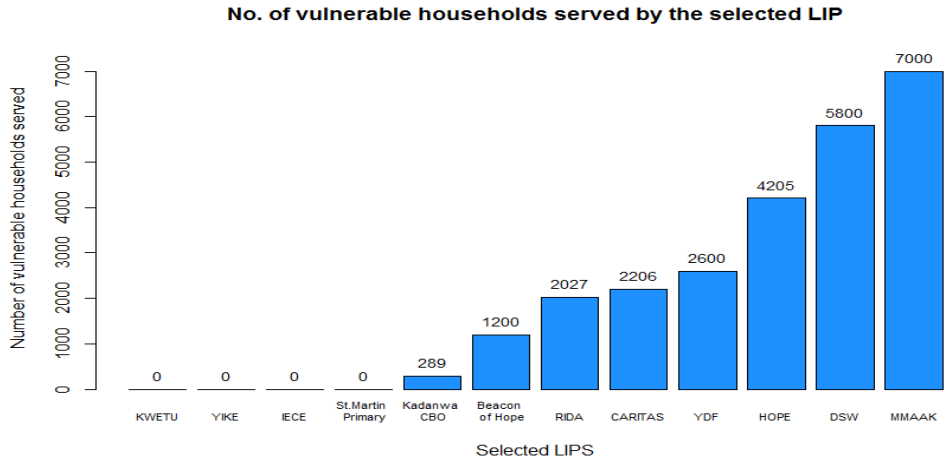
Findings and Conclusions

1. Summary of organization's profile, scope of the LIP, and DCS assessed

Table 1: Describes a summary profile of the organizations

LIP	Year of registration	Counties of operation	Sub-counties covered
Caritas	1955	Mombasa, Kwale, Taita Taveta, Kilifi	16
DSW	2002	Mombasa, Kwale, Kilifi, Nairobi, Homabay, West Pokot, Nakuru, Machakos, Meru	99
KWETU	1997	Mombasa, Kwale, Kilifi	11
Beacon of Hope	2002	Nairobi, Kajiado, Machakos	4
Youth Initiative Kenya	2003	Nairobi	17
IECE	2013	Nairobi	5
Kadamwa CBO	2011	Nairobi	4
Redeemed Integrated Development Agency	2011	Nairobi	3
St. Martin's Primary	1996	Nairobi	2
Hope Worldwide	1999	Nairobi, Uasin Gishu, Machakos, Nakuru, Makueni, Murang'a	3
MMAAK	2001	Nairobi, Kakamega, Mombasa	20
Youth Development Forum	2000	Nairobi	2

Figure 1: Describes the number of vulnerable households served by the LIP and DCS assessed



2. Assessment of institutional development

The assessment looked at five components of each organization's management structure that would determine their level of competence in planning, management, and coordination of OVC programming. These include: governance, planning, finance, administrative and human resources, and grant management. The team derived the following conclusions from the assessment:

- All LIPs and DCSs had acceptable governance structures in place. All LIPs assessed met minimum criteria for all aspects of governance that were assessed;
- Only one LIP (Caritas) has a strategic plan that extends beyond the life of the *Nilinde* activity. Two DCSs (Nairobi and Kilifi) had OVC-related strategies incorporated in their strategic plans.
- All LIPs had financial management practices in place; half of the assessed LIPs met all financial management requirements assessed;
- All but one LIP (Kadamwa CBO) had all grant management practices in place.
- Development and submission of proposals is quite a challenge for the DCSs. Only one DCS (Mombasa) had successfully submitted a proposal and received funding.

3. Monitoring and evaluation (M&E)-related performance indicators

3.1 Access to health and social services

- Eight LIPs in Nairobi and two LIPs in Kilifi/Taita Taveta counties had community- and parent/caregiver-driven initiatives that support and advocate for quality health and education services.
- Eight LIPs in Nairobi and one LIP in Kilifi/Taita Taveta had the ability to plan, manage, and coordinate implementation of OVC-related services (i.e., had costed work plans, maintained income/funding and expenditure records, and shared learning or best practices with other community-based and faith-based organizations).

3.2 Strengthened child welfare and protection system

- All but one of the LIPs are using data for decision-making purposes. None of the DCSs in the four counties assessed use data to make management and implementation decisions.

- Four LIPs, Beacon of Hope, Redeemed Integrated Development Agency, Kadamwa CBO, and German Foundation for World Population (DSW) have the OVC Longitudinal Management Information System (OLMIS) in their facilities. However, only Beacon of Hope's OLMIS is linked to a central database based in Nakuru. No LIP is linked to the Child Protection Management Information System at the county or national level; however, Kadamwa CBO is a pilot site for the Child Protection Management Information System (CPMIS).
- OVC databases (OLMIS and/or CPMIS) have not been fully adopted as part of OVC programming

3.3 Evidence-based implementation

- All 13 OVC health interventions assessed by the team as defined in the GOK's Minimum Service Standards for Quality Improvement of OVC Programming (2012), are currently being implemented; 11 of the 12 LIPs are implementing at least four.
- KWETU is currently not implementing any of the health service interventions. IECE is implementing only one intervention.
- All four interventions related to psychological support services (PSS) (a platform for OVC to express their needs and ideas, distribution information on knowledge of where and how to access PSS services, formation of peer PSS groups, and on-going support and mentorship for caregivers and home visitors) are currently being implemented. Nine of the 12 LIPs are implementing at least three. KWETU and MMAAK are currently not implementing any PSS service interventions.
- All shelter interventions, except basic skills to construct and maintain shelters, are currently being implemented. Seven LIPs (KWETU, DSW, Youth Initiative Kenya, IECE, St. Martin's Primary, Movement of Men Against AIDS in Kenya (MMAAK) and Youth Development Forum) do not provide any shelter care interventions.

4. Technical capacity to implement OVC-related services

A gap analysis of the strategies and interventions implemented for each of the OVC-related services revealed the following:

4.1. Food

- Half of the LIPs (Caritas, KWETU, IECE, St. Martins, MMAAK, and Youth Development Forum) assessed have no capacity to implement interventions related to food and nutrition.

4.2 Education

- Two-thirds of the assessed LIPs had the capacity to implement strategies and interventions related to the development and implementation of appropriate mechanisms to address education barriers.
- At least one-third of the LIPs (Youth Initiative Kenya, St. Martins, MMAAK, and Youth Development Forum) had no capacity to ensure non-discriminatory, comprehensive education and training to OVC. Of note, more than half of the LIPs do not have the capacity to visit schools to monitor age- and gender-appropriateness of efforts that promote OVC's educational progress.
- The assessed LIPs emphasize the importance of education for OVC and their households, especially caregivers, and the importance of educating both boys and girls equally.

4.3 Health

- One-quarter of the assessed LIPs (IECE, St. Martins, MMAAK, and Youth Development Forum) have no capacity to implement strategies and interventions that enable the assessment of the health needs, services, and costs for OVC and their households.
- One-quarter of the LIPs (IECE, St. Martins, Youth Initiative Kenya, and Youth Development Forum) have no capacity to implement strategies and interventions that enhance access to HIV prevention, treatment, care and support for OVC.
- One-quarter of the LIPs (IECE, St. Martins, Youth Initiative Kenya, and Youth Development Forum) have no capacity to implement strategies and interventions that aid in prevention of household illnesses in OVC, as outlined in the Kenya Essential Package for Health (KEPH).
- One-quarter of the LIPs (IECE, St. Martins, Youth Initiative Kenya, and Youth Development Forum) have no capacity to implement strategies and interventions that enhance access to appropriate curative services for OVC and their households.
- Two-thirds of the LIPs (Caritas, DSW, KWETU, IECE, Kadamwa CBO, Redeemed Integrated Development Authority, St. Martins, and MMAAK) have no capacity to implement interventions that create access points to safe and clean water for OVC and their households.

4.4 Psychological support services

- Three-quarters of the assessed LIPs have the capacity to implement strategies and interventions to provide PSS. However, there is a gap in LIPs' abilities to strengthen community and household capacities to provide PSS to OVC and their caregivers.

4.5 Shelter and care

- More than half of the assessed LIPs (DSW, KWETU, Youth Initiative Kenya, IECE, St. Martins, MMAAK, and Youth Development Forum) have no capacity to implement strategies and interventions to provide shelter and care for OVC and their families.
- None of the LIPs have the capacity to provide basic skills to construct and maintain OVC shelters.

4.6 Child protection

- More than half of the assessed LIPs (Caritas, KWETU, Kadamwa CBO, Redeemed Integrated Development Authority, St. Martins, MMAAK, and Youth Development Forum) had gaps in training members of existing community structures such as the Area Advisory Councils or Volunteer Children's Officers, to identify, report, and investigate abuses of children's rights.
- Two-thirds of the LIPs (DSW, KWETU, Kadamwa CBO, IECE, Youth Initiative Kenya, St. Martins, Hope Worldwide, and MMAAK) had no capacity to provide services or support to address OVC's disabilities.

4.7 Household economic strengthening and linkage

- There is a gap in the LIPs' capacity to link OVC and their households to existing government structures and mechanisms for household economic strengthening (HES). This is pronounced in linkages for the cash transfer program.

- Two-thirds of the assessed LIPs (Caritas, DSW, KWETU, IECE, Youth Initiative Kenya, St. Martins, MMAAK, and Youth Development Forum) have no capacity to implement interventions that relate to succession planning.
- A third of the LIPs (KWETU, Youth Initiative Kenya, St. Martins, and MMAAK) have no capacity to monitor/follow up on referrals provided for health services.
- Seven of the 12 LIPs (KWETU, Youth Initiative Kenya, Kadamwa CBO, Redeemed Integrated Development Authority, St. Martins, MMAAK, and Youth Development Forum) have no capacity to create or enable linkages to food and nutrition services, specifically in "training in agribusiness, value addition, and linkages to markets" and "forming producer market groups/link with micro-consignment opportunities."

4.8 Coordination of care

- Seven of the LIPs (KWETU, Youth Initiative Kenya, IECE, St. Martins, Hope Worldwide, MMAAK, and Youth Development Forum) have no capacity to implement strategies or interventions to coordinate and care for OVC.

RECOMMENDATIONS

M&E–related performance indicators:

1. To ensure efficiency in the monitoring of M&E–related performance indicators for the *Nilinde* activity, PI should ensure that the existing information systems (OLMIS, CPMIS) are available at the LIP level and are synced at least at the county level. PI should also support the DCS monitoring systems to ensure continuity of support beyond the life of the project.

Compliance with OVC minimum services standards:

2. In light of the gaps noted in each technical area, PI should adopt the Minimum Service Standards for Quality Improvement of OVC Programming in Kenya as the gold standard for all *Nilinde's* LIPs. Support to the county stakeholders should include capacity building to implement the minimum service standards.

Community mobilization to enhance psychosocial support for OVC:

3. PI and its LIPs should strengthen the on-going support and mentorship provided to caregivers and home visitors to enhance psychosocial support for OVC.

Child protection community-based response:

4. PI should support and train members of existing community structures such as Area Advisory Councils (AACs)and Volunteer Children's Officers in identifying, reporting, and investigating child rights abuses as well as prosecuting the abusers.

Education and vocational training:

5. PI should design programs that sustain age-appropriate education and training for OVC, which should include school visits to monitor age- and gender-appropriateness of efforts that promote educational progress of OVC.
6. PI should consider using Kilifi and Nairobi DCS as case studies for documenting success factors for scale up of interventions in education and vocational training.
7. PI should strengthen the capacity of its LIP to implement and scale up educational interventions.

Food and nutritional support:

8. PI should consider using Nairobi and Kilifi DCS as case studies for documenting success factors and designing strategies to scale up implementation of food and nutrition interventions.

HIV prevention, treatment, care, and support:

9. PI should support existing structures that enhance access to HIV prevention, care, and treatment. This should include the formation of age-specific peer groups and promotion of HIV counseling and testing.
10. PI should build the capacity of LIPs to strengthen the mechanisms to identify HIV-positive OVC and OVC at risk of HIV and link them to appropriate care and treatment services.
11. PI should build the capacity of LIPs to strengthen the existing curative services for OVC and their households by supporting referral mechanisms for sexually abused children to appropriate service providers for clinical and psychosocial management and follow-up.
12. PI should consider using Kilifi DCS as a case study for documenting success factors for scale up of health interventions.

Positive parenting:

13. PI should promote programs that sustain positive parental/family care and child stimulation.

HES models/linkage to other interventions:

14. PI should support its *Nilinde* LIPs in strengthening formal linkages to existing mechanisms of social protection (e.g., health fee waivers, OVC bursaries, government cash transfers) in addition to pursuing income-generating activities.
15. Since *Nilinde* has a family-centered approach to OVC programming, support for HES, especially income generation, should be preceded by an assessment of each household that includes its geographical location and market viability of the implemented IGA in the region.
16. PI and its LIPs should provide technical assistance to the existing saving groups to ensure their sustainability.
17. PI should consider using the KWETU experience to design programs that support income generating activities for youth.

Support to DCSs:

18. Given the gaps noted in technical capacity at the county level, PI should assist the county DCSs to extend their role in OVC programming to go beyond advisory, coordination, and monitoring mandates.
19. PI should consider using Kilifi DCS as a case study that would inform designing support structures to other DCSs.

1. Introduction

In 2013, Kenya had approximately 2.4 million orphans, of which an estimated 1.1 million were orphaned due to AIDS.[1,2] An estimated 60,000 people in Kenya will likely die from AIDS-related causes per year through 2020, which indicates that the number of orphans and vulnerable children (OVC) will continue to rise.[3]

A majority of OVC in Kenya are in critical need of essential basic services and many suffer from physical and emotional distress. This has necessitated a great demand for child care and protection networks, improved strategies, and sustainable interventions to secure the welfare of OVC. Community interventions and policy-based responses are needed to address the short and long-term impact of the HIV epidemic. Appropriate OVC programming and skills transfer training approaches for OVC, their caregivers, and other stakeholders are needed to increase access to essential services and support the social and economic empowerment of affected families and households.

The Government of Kenya (GoK) provides leadership for the OVC response through the Kenya OVC Secretariat in the Department of Children's Services (DCS) within the Ministry of East African Community (EAC), Labor and Social Protection. The multi-sectoral National OVC Steering Committee advises the government on policies and practices affecting OVC and monitors OVC programming. Members include key ministries such as health, education, and finance, the National AIDS and STI Control Program (NASCOP), the National AIDS Control Council (NACC), and development partners. It is chaired by the Permanent Secretary of the Ministry of EAC, Labor and Social Protection. The steering committee meets regularly to review and advise the government on OVC issues.[4]

In line with the GoK's efforts to address the critical needs of its marginalized populations, the U.S. Agency for International Development's Kenya/East Africa Mission (USAID/KEA) entered into a five-year Cooperative Agreement with Plan International (PI) to increase support to OVC and their households. The activity, referred to as *Nilinde*, which means "protect me" in Swahili, will improve the welfare and protection of the most vulnerable Kenyan households affected by HIV/AIDS. The project will reduce these households' economic vulnerability and empower parents and caregivers to make investments that will improve the health and well-being of OVC in the Nairobi and Coast counties (Mombasa, Kilifi, Taita Taveta, Kwale, and Lamu) of Kenya. *Nilinde's* period of performance spans from August 24, 2015 to August 23, 2020.

Under the Evaluation Services and Program Support (ESPS) contract, International Business and Technical Consultants, Inc. (IBTCI) signed a task order with USAID/KEA on March 7, 2016, to conduct a baseline assessment in the counties covered by *Nilinde*. The statement of objective (see *Annex 1*) identifies three components of the assessment that are of interest to USAID/KEA: a household survey, mapping of new local implementing partners (LIPs), and an organizational capacity assessment (OCA) of the LIPs and Departments of Children Services (DCSs) in the target counties. This report focuses on the latter, that is, the OCA of the LIPs and DCS.

Audience and intended users: USAID/KEA is the primary audience for this report. The findings offer insight into the LIPs' strengths, weaknesses, and opportunities for growth in relation to OVC

[1] Kenya AIDS Response Progress Report, 2014, Progress towards Zero
[2] The 2014 Situation Analysis for Women and Children (SITAN)
[3] Kenya AIDS Response Progress Report, 2014, Progress towards Zero
[4] Pfleiderer, R., and O. Kantai. September 2010. Orphans and Vulnerable Children (OVC) Programming in Global Fund HIV/AIDS Grants in Kenya. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1

programming in Kenya. The findings from this baseline assessment will influence both USAID/KEA and PI's decisions on how to best engage LIPs and DCSs to address priority health and social challenges in the OVC targeted counties.

2. Background

2.1 Program Implementation

Under *Nilinde,* PI and its primary implementing partners, Ananda Marga Universal Relief Team (AMURT), Childline, Danya International, and Mothers2Mothers, will assist at least 92,990 vulnerable households (including 187,035 vulnerable children, youth, and adults).

The *Nilinde* activity's implementation focus is the OVC household. Guided by *Nilinde's* theory of change,[5] the consortium seeks to build OVC stakeholders' capacities to better respond to the needs of OVC and their caregivers. This approach will ensure that the local leadership is at the forefront of the implementation and coordination of evidence-based interventions.

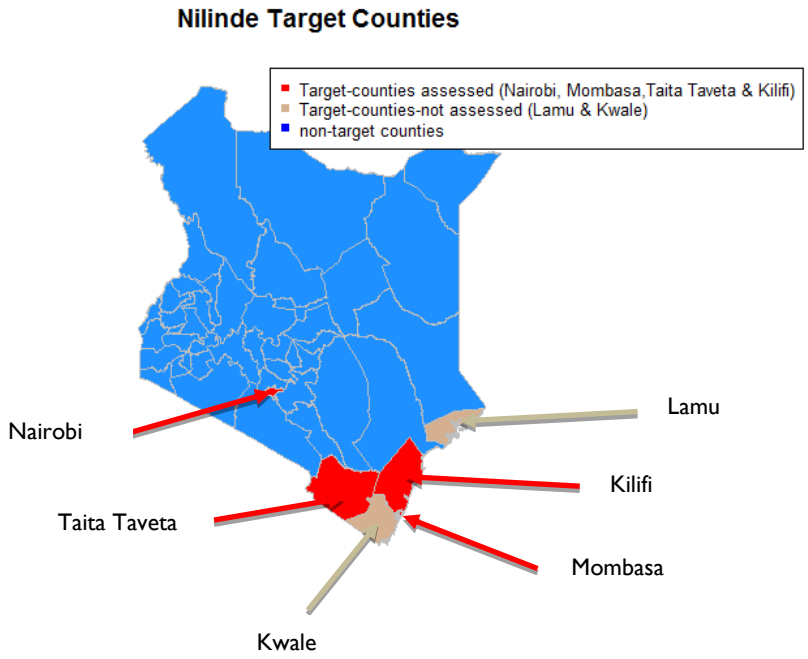
Through the DCSs and LIPs (also known as service delivery partners), which include community-based organizations (CBOs) and faith-based organizations (FBOs), *Nilinde* will improve access to quality health care and social services for OVC and their families, strengthen the capacity of households to protect and care for OVC, and strengthen OVC protection and response structures and systems at the national level.

Nilinde will also support the county and sub-county Area Advisory Councils (AACs) to map service providers based on the 2012 Minimum Service Standards for Quality Improvement of OVC Programming, President's Emergency Plan for AIDS Relief (PEPFAR) guidance on OVC programming (2012), and National Action Plan for Children in Kenya (2015 - 2022).[6] PI will use these guidelines to review the AAC status and functions at the various levels to determine strengths and gaps in OVC care. The activity will also build the capacity of District Children's Officers (DCOs) and Volunteer Children's Officers (VCOs) at the county, sub-county and ward, and community levels.
Below is a map of *Nilinde's* target counties.

[5] *"If communities work together, families increase their capacity and ability to care for and protect their girls and boys. If government systems are strengthened and children and youth participate, girls and boys will be healthier and more resilient."*
[6] Activity 3.2 Strengthen the capacity of national and county institutions, including local organizations, to deliver quality services to OVC

2.2 Geographical Coverage[7]

Figure 2: *Nilinde* Target Counties



2.3 Objective of the Baseline Assessment: Organizational Capacity Assessment

The overall objective of the broader baseline was to assess the current situation of OVC and their families in four counties: Nairobi, Mombasa, Kilifi, and Taita Taveta. The baseline findings will be used to establish yearly targets for the program and inform USAID/KEA and key stakeholders on the current capacity for OVC programming in the counties assessed.

The OCA will contribute to USAID/KEA's and the PI-led consortium's understanding of counties and LIPs' strengths and gaps vis-à-vis Kenya's Minimum Service Standards for Quality Improvement of OVC Programming. It will also provide information on the LIPs' and DCSs' governance structures and financial, administrative and grant management capacities for planning, managing and coordinating OVC activities.

[7] Data Source: Map East Africa: Kenya Shapefiles (July 2014): *Maptools module* - R Core Team (2016). R: A language and enviro nment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL https://www.R-project.org/.

3. Evaluation Methodology

3.1 Plan International Performance Indicators

The OCAs were designed to provide data regarding the following *Nilinde* performance indicators. In addition to the assessment of LIPs' capacity to implement OVC programming, this report provides information on the following indicators:

Performance Indicators Derived from the OCAT for *Nilinde* Output 1: Increased access to health and social services for OVC and their families:

- Number of community and parent/caregiver-driven initiatives that support and demand quality health and education services; and
- Number of supported local OVC organizations that are able to plan, manage, and coordinate implementation.

Performance Indicators Derived from the OCAT for *Nilinde* Output 3: Strengthened child welfare and protection systems at national level, and improved structures and services for effective responses in targeted counties:

- Number of OVC service interventions implemented that are informed by evidence;
- Number of supported counties and LIPs that use data for decision making, i.e., annual county planning and budgeting and services deliver to OVC;
- Number of OVC [organizations] (e.g., FBOs and CBOs) that use data as a tool for advocacy;
- Number of LIPs aligned to county and national databases;
- Number of government offices and CSOs equipped and trained to utilize the database; and
- Number of evaluated HES models taken to scale.

The above performance indicators and the assessment of LIP technical capacity (see Section 4) provide information to answer Baseline Question 6: **"What is the current OVC service providers' capacity to conduct quality OVC services?"**

3.2 Selection Criteria and Sample Size

Initially the DCS in each of the four counties—Nairobi, Mombasa, Taita Taveta, and Kilifi—and 12 LIPs (three from each of the four counties) were earmarked to participate in the OCA. However, this was amended based on the vetting process introduced by the U.S. Government. In May 2016, USAID vetted and approved 21 organizations to serve as *Nilinde's* LIPs, 15 of which are implementing OVC services in Nairobi County. Thus the final list of LIPs slated to participate in the OCA (see below) consisted of 12 purposively-selected LIPs: nine in Nairobi County, two (Caritas and DSW) in Kilifi, and one (Caritas) that implements OVC services in both Taita Taveta and Kilifi counties. All four county DCSs were included in the OCA.

Kilifi County

1. Deutsche Stiftung Weltbevoelkerung (DSW)
2. KWETU Training Centre for Sustainable Development (KWETU)

Taita Taveta & Kilifi Counties

1. Caritas

Nairobi County

1. Beacon of Hope (BOH)
2. Youth Development Forum (YDF)
3. St. Martin's Primary

4. Hope Worldwide (HWW)
5. Integrated Education for Community Empowerment (IECE)
6. Kadamwa CBO
7. Youth Initiatives Kenya (YIKE)
8. Movement of Men Against AIDS in Kenya (MMAAK)
9. Redeemed Church

Youth Initiative Kenya, Beacon of Hope, IECE, and KWETU had not participated in the Pathfinder International-led activities (APHIA II and APHIAPlus).

3.3 Data Collection Tools

The baseline assessment team developed two separate organizational capacity assessment tools (OCATs), one for use with DCSs and the other for use with LIPs. The OCATs were aligned to the service delivery areas and minimum standards outlined in the GOK's Minimum Service Standards for Quality Improvement of OVC Programming, facilitating rapid assessment of general institutional development issues and in-depth assessment of the program areas outlined in the minimum service package. (See *Annexes 2 and 4*)

3.4 Approach to Field Work

Team composition: IBTCI's Evaluation Services and Program Support (ESPS) activity in Nairobi recruited the baseline assessment team. The team was led by a senior public health specialist (Donna Espeut) with both international and Kenyan evaluation and HIV technical expertise. This specialist worked in conjunction with two local experts (key personnel), a Capacity Building Advisor/OVC Specialist (Jack Buong'), and a Monitoring and Evaluation (M&E) Specialist (Peter Njuguna) to oversee the entire baseline process. Locally recruited, highly experienced Sub-Team Leaders coordinated all baseline fieldwork in each target county, including the work of four local professionals who comprised the Capacity Assessment Team for the OCA exercise. The Capacity Assessment Team was also responsible for mapping newly-identified CBOs and FBOs.[8] The Capacity Building Advisor/OVC Specialist coordinated the efforts of the Capacity Assessors throughout the OCA process and the Capacity Building Advisor/OVC Specialist and the Team Leader provided technical oversight. All team members signed a non-conflict of interest form.

Schedule of activities: Prior to the field work, the evaluation team took one week to read and analyze documents that were provided by USAID/KEA and sourced by IBTCI. During the following one-week team-planning phase (April 10 to April 15, 2016), the team finalized the work plan and data collection tools, prepared for the in-brief meeting at USAID/KEA (on April 25, 2016), and finalized other field logistics. A one-week training phase (April 18 to April 22, 2016) followed. All OCA fieldwork for the DCSs was done between April 25 and May 27, 2016. The assessment of LIPs took place from May 25 to 28, 2016. The team performed the data analysis between May 30 and June 17, 2016.

Each Capacity Assessor conducted OCAs in one DCS and three LIPs. Assessors reviewed the relevant documentation (e.g., vision and mission statements, organizational charts, job descriptions, strategic plans, technical reports, audit reports, meeting minutes, and procurement documentation) in advance of the scheduled assessment visit.

[8] The findings from the mapping are presented in a separate report

3.3 Data Management and Analysis

The team entered the OCA data into a Microsoft Excel (version 2013) spreadsheet. The data analysis provides primarily absolute numbers (due to small sample size) and relative frequency in each of the technical areas of interest. Note that measurement of the performance indicators in future evaluations can be expressed as a percentage increase or decrease in the baseline values presented in this report. R statistical programming software (version 3.3.0) was used for graphical presentations. To assess LIPs' compliance to the minimum service standards (see Section 4.4), low compliance was defined as less than 50 percent implementation of assessed strategies. Moderate compliance was defined as 50 to 75 percent implementation and high compliance was defined as implementation of 75 percent and/or more of the strategies. *(See Annex 3)*

3.5 Limitations

Response bias: Much of the information gathered during the OCA process was based on self-reports. Consequently, response bias is a plausible limitation of the assessments. The Capacity Assessment Team therefore attempted to cull information from any available organizational documentation (e.g., the documents provided for the pre-fieldwork assessment) that could serve as verifiable evidence. It should be noted, however, that some LIPs were not able to provide the requisite documentation. The OCA tools required the Capacity Assessment Team to document instances when responses could be verified versus those that could not.

Generalization of findings (inference): Given the purposive nature of sampling, the findings presented in this report should be interpreted loosely as themes that might need to be addressed during the life of the *Nilinde* activity. The information should not be extrapolated in a literal sense to all *Nilinde* LIPs or all DCSs within the country.

3.6 Ethical Considerations

Informed Consent: All organizational focal persons providing information to the Capacity Assessors signed informed consent statements before participating in the face-to-face assessment. Informed consent forms were available in both English and Kiswahili.

4. Findings and Conclusions

This section presents general findings observed during the OCA in relation to Baseline Question 6: **"What is the current OVC service providers' capacity to conduct quality OVC services?"** This section is divided into five sub-sections. Sub-section 4.1 describes the organization's profile and scope of the LIP and DCS assessed. Sub-section 4.2 describes LIPs' general capacity in planning, management, and coordination. Sub-section 4.3 provides the *Nilinde* performance indicators. Sub-section 4.4 describes findings on evidence-based implementation and sub-section 4.5 describes LIPs' technical capacity to implement the OVC-related services stipulated in the Minimum Service Standards for Quality Improvement of OVC Programming in Kenya. Conclusions are included in each sub-section. (*Annexes 6* through *18* provide additional information on each LIP)

4.1 Organization Profile and Scope of the Selected LIPs and DCSs

Table 2: Organization Profile

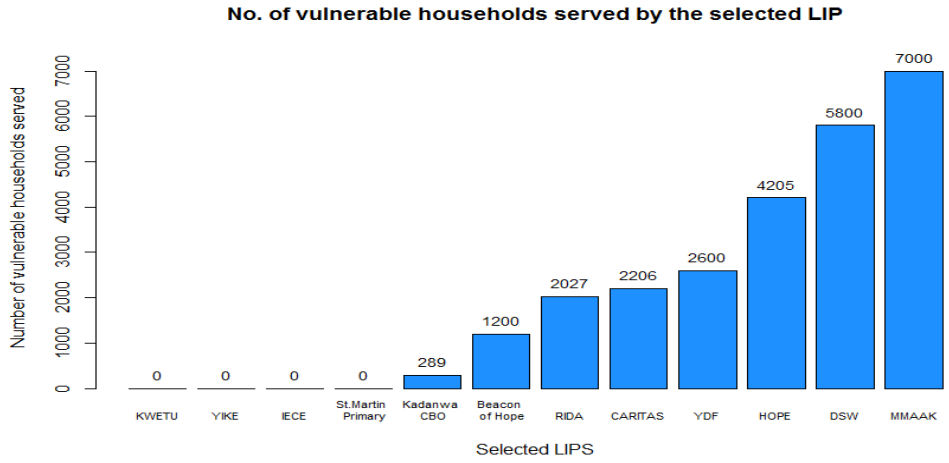
LIP	Year of registration	Counties of operation	Sub-counties covered
Caritas	1955	Mombasa, Kwale, Taita Taveta, Kilifi	16
DSW	2002	Mombasa, Kwale, Kilifi, Nairobi, Homabay, West Pokot, Nakuru, Machakos, Meru	99
KWETU	1997	Mombasa, Kwale, Kilifi	11
Beacon of Hope	2002	Nairobi, Kajiado, Machakos	4
Youth Initiative Kenya	2003	Nairobi	17
IECE	2013	Nairobi	5
Kadamwa CBO	2011	Nairobi	4
Redeemed Integrated Development Agency	2011	Nairobi	3
St. Martin's Primary	1996	Nairobi	2
Hope Worldwide	1999	Nairobi, Uasin Gishu, Machakos, Nakuru, Makueni, Murang'a	3
MMAAK	2001	Nairobi, Kakamega, Mombasa	20
Youth Development Forum	2000	Nairobi	2

Registration of LIP: Of the 12 LIPs, only one was registered before the year 1990 (Caritas (1955)). Three LIPs were registered between 1990 and 1999 (St. Martins Primary (1996), KWETU (1997), and Hope Worldwide (1999)). Five were registered between 2000 and 2009 (Youth Development Forum (2000), Movement of Men against AIDS in Kenya (2001), DSW (2002), Beacon of Hope (2002), and Youth Initiative Kenya (2003)). Three were registered in 2010 or later (Redeemed Integrated Development Agency (2011), Kadamwa CBO (2011), and Integrated Education for Community Empowerment (2013)).

Classification of LIPs: Eight LIPs (DSW, KWETU, Beacon of Hope, Youth Initiative Kenya, IECE, Redeemed Integrated Development Agency, Hope Worldwide, and MMAAK) identified themselves as nongovernmental organizations (NGOs). Two (Caritas and St. Martins Primary) identified as FBOs and two considered themselves CBOs (Kadamwa CBO and Youth Development Forum).

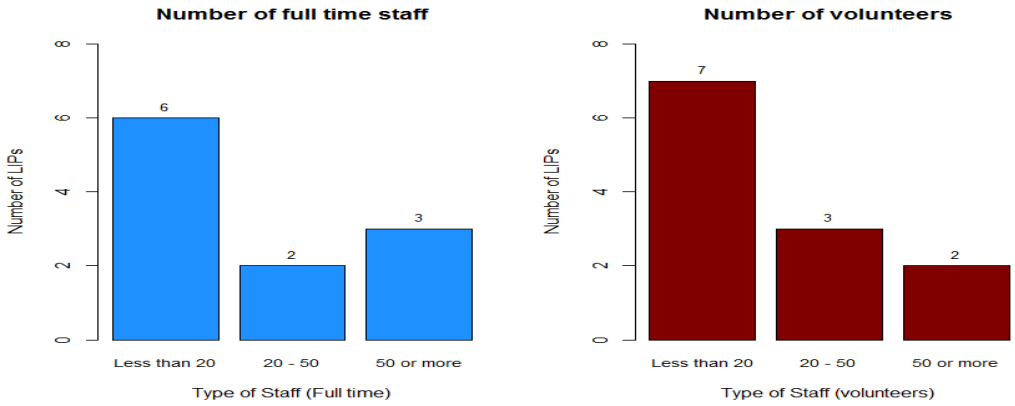
Implementation coverage varied by LIP, from 2 sub-counties covered by Youth Development Forum and St. Martin's Primary to 99 sub-counties covered by DSW. The number of vulnerable households served ranged from 289 by Kadamwa CBO to 7,000 by MMAAK. Four LIPs—Integrated Education for Community Empowerment, Youth Initiatives Kenya, St. Martins Primary, and KWETU—did not disclose the number of vulnerable households served.

Figure 3: Number of Vulnerable Households Served



Four LIPs do not directly support OVC households. KWETU supports youth and women on economic empowerment. YIKE supports out of school youth on life skills, water, and sanitation, and hygiene (WASH), .and health. IECE supports school entry for vulnerable youth. St. Martins Primary implements an early childhood development program.

Figure 4: Number of Full-Time Staff and Volunteers



4.2 Assessment of Institutional Development

The assessment looked at five components of the DCSs' and LIPs' management structures (governance, planning, finance, administrative and human resources, and grant management) that contribute to their level of competence in planning, management, and coordination of OVC programming.

Governance

The assessment focused on four aspects of governance: the organizational chart, written vision and mission statements, written constitution or bylaws, and the existence of a board/executive committee.

- **Local Implementing Partners:** All LIPs had an organization chart and all were verified except for Caritas. All LIPs had a written vision and mission statement and each was verified except for Youth Development Forum's. All LIPs had written constitutions or bylaws that were

verified except for Caritas. All LIPs had a verified board or executive committee except for MMAAK.

- **Department of Children Services:** The assessment focused on the departments' organization, primarily on the organizational chart. All DCSs had an organization chart verified during the assessment.

Planning

The assessment focused on three aspects of planning: strategic plans, current annual work plans, and whether the work plans are costed.

- **Local Implementing Partners:** Redeemed Integrated Development Agency and Youth Development Forum's strategic plans were not verified. St. Martins Primary had a concept note, but not a comprehensive strategic plan. Four LIPs do not have a current strategic plan (Hope Worldwide (Strategic Plan 2010 - 2013), IECE (Strategic Plan 2013 - 2015), Youth Initiative Kenya (Strategic Plan 2010 - 2015), and Kadamwa CBO (None)).Four LIPs (Beacon of Hope (Strategic Plan 2013 - 2017), KWETU (Strategic Plan 2012 - 2016), Caritas (Strategic Plan 2016 - 2025), and DSW (Strategic Plan 2011 - 2016)) had current strategic plans. Caritas, KWETU, and Hope Worldwide did not have costed work plans.
- **Department of Children Services:** Only Nairobi and Kilifi county DCSs' strategic plans included OVC-related strategies.[9] All DCSs had annual work plans; however, only the Mombasa DCS work plan was costed.

Finance

The assessment focused on the existence of the following eight aspects of financial practices: a full time Finance Manager/Officer; at least one bank account; written finance policies and procedures; financial audit performed within the last two years; income/funding expenditure records; written procurement policy, procedures, and signatory authority; external funding/support, receipt of international donor funding; and any in-kind support.

- **Local Implementing Partners:** All LIPs had at least one of the aspects in place; however, existence of a full time Finance Manager was not confirmed/verified for DSW and Kadamwa CBO. The maintenance of income/funding expenditure records were not confirmed for Youth Development Forum and the presence of more than one signatory authority was not confirmed/verified for Caritas. Receipt of in-kind support could not be verified for Beacon of Hope and receipt of international donor funding or in-kind support was not confirmed for Youth Initiative Kenya.
- **Department of Children Services:** The assessment focused on DCSs' receipt of international donor funding and in-kind support (office space or equipment, materials, supplies). All DCSs have received international donor funding. Only Kilifi DCS, however, had received some form of in-kind support.

Administrative and human resources

The assessment focused on the existence of seven aspects of administration and human resources: a child protection policy, written human resources manual/handbook, written job descriptions for all

[9] The Department of Children's Services is not devolved and therefore strategic plans are national documents from which each county comes with county-specific annual plans. However, some counties have customized their county-specific strategic plans in line with the national strategic plans.

positions, any vacant staff positions in the organogram, physical office space, and at least one working computer and printer and internet access.

- **Local Implementing Partners:** KWETU and St. Martins did not have a child protection policy document. The rest, except for DSW, had their own child protection policy document which was verified during the assessment. All LIPs, except KWETU, had a human resources manual/handbook and written job descriptions for all positions. However, Caritas and MMAAK's human resources manual/handbook could not be verified. Only IECE and St. Martins had no vacant positions in their organograms. All LIPs had physical office spaces and at least one working computer and printer. With the exception of Kadamwa CBO, all LIPs had internet access, however this could not be confirmed for Caritas and Youth Development Forum.
- **Department of Children's Services:** All DCSs except Taita Taveta had one or more vacant position. All had physical office space and at least one working computer. Neither Nairobi nor Taita Taveta DCSs have internet access.

Grant management

The assessment focused on four aspects of grant management: development and submission of proposals for funding, receipt of funding for at least one successful proposal, production of financial reports for donors, and existence of other active donor projects.

- **Local Implementing Partners:** All LIPs had the above aspects of grants management confirmed/verified, except for Kadamwa CBO, which has no other donor-funded projects.
- **Department of Children's Services:** Only Kilifi and Mombasa DCSs had ever developed and submitted proposals for funding. Of these two, only Mombasa DCS has received funding for at least one successful proposal in the last two years. Both Mombasa and Kilifi DCSs produce financial reports to donors.

Conclusions

- All LIPs and DCSs had acceptable levels of governance structures in place – that is had an organizational chart.
- Only one LIP has a strategic plan that extends beyond the life of the *Nilinde* activity and only two DCSs have OVC-related strategies incorporated in their strategic plans.
- All LIPs had financial management practices in place; half met all aspects that were assessed.
- All but one LIP had all grant management practices in place.
- Development and submission of proposals is quite a challenge for DCSs. Only one had successfully submitted a proposal and received funding.

4.3 *Nilinde* Performance Indicators

4.3.1 Access to Health and Social Services

This sub-section presents findings on two indicators relating to access to health and social services for OVC and their families: i) Number of assessed LIPs providing health and education-related services to OVC and vulnerable households; and ii) Number of supported local OVC organizations (LIPs) that are able to plan, manage, and coordinate implementation.

Output 1: Increased Access to Health and Social Services for OVC and Their Families

Performance Indicators

Table 3: Summary of Observed Baseline Values for Community and Parent/Caregiver-Driven Initiatives that Support and Create Demand for Quality Health and Education Services

Number of assessed LIPs providing health and education-related services to OVC/ vulnerable households (n=12)			
	Nairobi	Kilifi/ Taita Taveta	Total
Health-related services	8	2	10
Education-related services	8	3	11
Provide both health and education	8	2	10

Conclusion: Of the 12 LIPs that were assessed, 10 (8 in Nairobi and 2 in Kilifi/Taita Taveta counties) had community and parent/caregiver-driven initiatives that support and create demand for quality health and education services.

Able to plan, manage, and coordinate implementation

Organizations' ability to plan, manage, and coordinate implementation was assessed using three variables: the existence of costed work plans, maintenance of income/funding and expenditure records, and sharing learning or best practices with CBOs/FBOs. CARITAS, KWETU and Hope Worldwide did not have costed work plans.

Table 4: Summary of Observed Baseline Values for Supported Local OVC Organizations that are Able to Plan, Manage, and Coordinate Implementation

Number of supported local OVC organizations (LIPs) that are able to plan, manage, and coordinate implementation (n=12)			
	Nairobi	Kilifi/ Taita Taveta	Total
LIPs with costed work plans	8	1	9
LIPs maintaining income/funding and expenditure records	9	3	12
LIPs sharing learning or best practices with CBOs/FBOs	8	3	11
Number of supported local OVC organizations (LIPs) that are able to plan, manage, and coordinate implementation	8	1	9

Conclusion: Of the 12 LIPs that were assessed, 9 (8 in Nairobi and 1 in Kilifi/Taita Taveta) had the ability to plan, manage, and coordinate implementation of OVC-related services (i.e., had costed work plans, maintained income/funding and expenditure records, and shared learning or best practices with other CBOs and FBOs).

4.3.2 Strengthened Child Welfare and Protection Systems

This sub-section presents findings on five indicators related to strengthened child welfare and protection systems at the national level and improved structures and services for effective responses in targeted

counties: i) Number of assessed LIPs providing health and education-related services to OVC and vulnerable households; ii) Number of supported local OVC organizations (LIPs) that are able to plan, manage, and coordinate implementation; iii) Number of LIPs aligned to county and national databases; iv) Number of government offices and CSOs equipped and trained to utilize the database; and v) Number of HES models.

Output 3: Strengthened Child Welfare and Protection Systems at National Level and Improved Structures and Services for Effective Responses in Targeted Counties

Performance Indicators

Table 5: Supported Counties and LIPs that use Data for Decision Making

Number of supported counties and LIPs that use data for decision making (i.e., annual county planning and budgeting and services delivery to OVC)[10] (n=12)		
	Use data for decision making	
	Nairobi	Coast
Department of Children Services	1	3
Local Implementing Partners	8	3

Conclusion: All but one (MMAAK) of the LIPs are using data for decision making purposes. All the DCSs assessed use data to make management and implementation decisions.

Table 6: Supported Counties and LIPs that use Data as a Tool for Advocacy

Number of OVC organizations (e.g. FBOs, CBOs) that use data as a tool for advocacy (n = 12)			
	Nairobi	Kilifi/ Taita Taveta	Total
No. of LIPs that share learning or best practices with other CBOs/FBOs	8	3	11
No. of LIPs that presented findings or results from their programs at meetings, conferences, or other dissemination forums within the past two years	7	3	10
Number of OVC organizations (e.g., FBOs, CBOs) that use data as a tool for advocacy	7	3	10

Table 7: Reported Number of LIPs Aligned to County and National Databases

Number of LIPs aligned to county and national databases (n = 12)			
	Nairobi	Kilifi/ Taita Taveta	Total
No. of LIPs with databases linked to OLMIS at county level	1	0	1
No. of LIPs with databases linked to CPMIS at county level	0	0	0
Number of LIPs aligned to county and national databases	1	0	0

[10] Analysis of costed work plans. Note: All DCS have work plans; however, only Mombasa DCS has a costed work plan.

Conclusion: Four LIPs (Beacon of Hope, Redeemed Integrated Development Agency, Kadamwa CBO, and DSW) have the OVC Longitudinal Management Information System (OLMIS) in their facilities; however, only Beacon of Hope's OLMIS is linked to a central OLMIS database (in Nakuru). No LIP is linked to the Child Protection Management (CPMIS) Information System at the county/national level, however, the Kadamwa CBO is a pilot site for the CPMIS.[11]

Table 8: Reported Number of Government Offices and CSOs Equipped and Trained to Utilize the Database

Number of government offices and CSOs equipped and trained to utilize the database			
	Nairobi	Coast	Total
OLMIS			
▪ Government Offices (DCS)[12]	0/1	2/3	2/4
▪ Local Implementing Partners (LIP)[13]	4/9	1/3	5/12
CPMIS			
▪ Government Offices (DCS)	1/1	2/3	3/4
▪ Local Implementing Partners (LIP)[14]	1/9	0/3	1/12

Seven LIPs (KWETU, Caritas, MMAAK, Youth Development Forum, Youth Initiative Kenya, IECE, and St. Martins) and two DCSs (Nairobi and Taita Taveta) do not maintain the OLMIS database. All DCSs maintain the CPMIS database. However, of the LIPs, only Kadamwa CBO maintains the CPMIS database.

Conclusion: OVC databases (OLMIS and/or CPMIS) have not been fully adopted as part of OVC programming.

Table 9: Number of HES Models Taken to Scale

HES models			
	Nairobi	Kilifi/ Taita Taveta	Total
▪ Income promotion (microenterprises)	0	5	5
▪ Animal husbandry			
▪ Farming/irrigation (including startup kits)	3	1	4
▪ Business enterprises	5	3	8
Money management			
▪ SILC/VSL[15]	1	1	2
Cash Transfer Program[16]	3	3	6
Integrated HES to other services			

[11] The CPMIS is currently in its pilot phase
[12] Maintains OLMIS at the county level
[13] Kadamwa CBO maintains both OLMIS and CPMIS.
[14] Only Kadamwa CBO and Caritas maintains CPMIS. Kadamwa CBO maintains both OLMIS and CPMIS.
[15] Implemented by five LIPs (four in Nairobi and one in Coast region)
[16] All DCS support the Cash Transfer Program. Only three LIPs (DSW, Beacon of Hope, and Hope Worldwide) support the Cash Transfer Program through linkages with other service providers.

HES models	Nairobi	Kilifi/ Taita Taveta	Total
▪ National Health Insurance Fund[17]	6	4	10
▪ "One-time" asset transfer[18]	2	3	5
▪ Self-help groups[19]	4	3	7

4.4 Evidence-Based Implementation

This section presents findings on evidence-based implementation grouped by seven services areas: i) food and nutrition, ii) education and vocational training, iii) health, iv) psychosocial support, v) shelter and care, vi) child protection, and vii) household economic strengthening.

Performance Indicator: Number of OVC service interventions implemented that are informed by evidence[20,21]

Food and nutrition
The analysis focused on eight OVC food and nutrition service interventions.

Table 10: Number of Food and Nutrition Interventions Informed by Evidence

Food and nutrition interventions	Number of LIPs		
	Nairobi	Kilifi & Taita Taveta	Total
▪ Promotes good nutritional practices among OVC and their families	3	1	4
▪ Community awareness on nutrition	5	1	6
▪ Awareness on nutrition through the media	4	1	5
▪ Food support for OVC households	4	1	5
▪ Micronutrient supplementation	4	1	5
▪ Linkages and referral systems for OVC	4	1	5
▪ Linkage to livelihood programs	4	1	5
▪ Food production, storage, and preservation	5	1	6

All eight interventions are currently being implemented but the level of implementation varied by LIP. The figure below shows the number of food and nutrition interventions implemented by each of the LIPs assessed.

[17] The numbers include all the DCS and five LIPs (Kadamwa CBO, Redeemed Integrated Development Agency, Hope Worldwide and Youth Development Forum) in Nairobi and one in Kilifi.

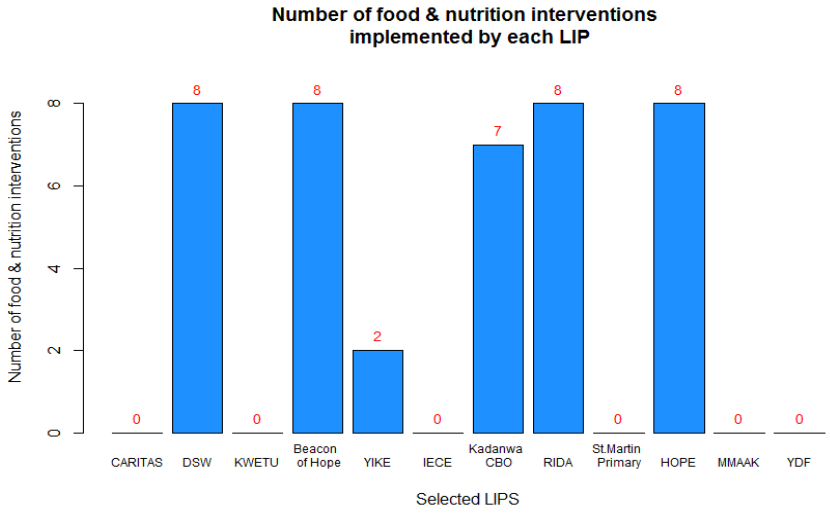
[18] The numbers include Mombasa DCS; four LIPs (Kadamwa CBO and Hope Worldwide and Youth Development Forum) in Nairobi and two (Caritas and DSW) in Kilifi/Taita Taveta.

[19] The numbers include Kilifi DCS; six LIPs (IECE, Redeemed Integrated Development Agency, Hope Worldwide and Youth Development Forum) in Nairobi and two (Caritas and DSW) in Kilifi/Taita Taveta.

[20] This being a baseline, the analysis shown provide the number (rather than a percentage) of service interventions relating to food and nutrition for each LIP assessed.

[21] PEPFAR Guidance for OVC Programming (2012)

Figure 5: Number of Food and Nutrition Interventions Implemented by Each LIP



Half of the LIPs assessed are currently not implementing any of the eight OVC food and nutrition interventions.

Education and vocational training

The analysis below focused on early childhood development programming, educational systems, completion of primary school, fortified school-community relations, and technical and vocational training interventions, all of which are aimed at addressing the barriers to education experienced by children affected by HIV/AIDS. The six evidence-based interventions that were assessed are listed in the table below.

Table 11: Number of Educational Interventions Informed by Evidence

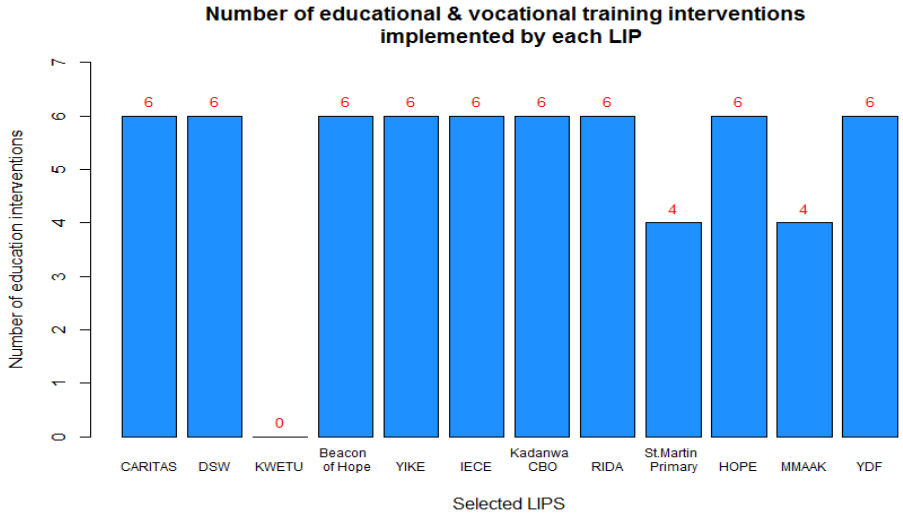
Educational and vocational training interventions[22,23]	Number of LIPS		
	Nairobi	Kilifi & Taita Taveta	Total
▪ Safe school environment and completion of primary education	8	2	10
▪ Access to early childhood development (ECD)	9	2	11
▪ Child-friendly and HIV/AIDS non-discrimination and gender-sensitive learning spaces	9	2	11
▪ Community-school relationship	9	2	11
▪ Transition of girls from primary school to secondary schools	8	2	10
▪ Market-driven vocational training	7	2	9

All six interventions are currently being implemented. Nine of the LIPs are implementing all six educational and vocational training interventions.

[22] PEPFAR Guidance for OVC Programming (2012)

[23] Paul Hutchinson and Tonya R. Thurman (2009) Analyzing the Cost-Effectiveness of Interventions to Benefit - Orphans and Vulnerable Children: Evidence from Kenya and Tanzania

Figure 6: Number of Educational and Vocational Training Interventions Implemented by Each LIP



St. Martins Primary is currently not implementing any activities related to "the transition for girls from primary to secondary school" or "market-driven vocational training." MMAAK is not implementing activities related to "safe school environment and completion of primary education" or "market-driven vocational training."

Health

The analysis below focused on health initiatives such as incorporating health and nutrition in child-focused activities, reducing access barriers to care and treatment, and child survival/development, which are aimed at expanding and extending health care knowledge and services to OVC. The team assessed the 13 health service interventions listed in Table 12.

Table 12: Number of Health Interventions Informed by Evidence

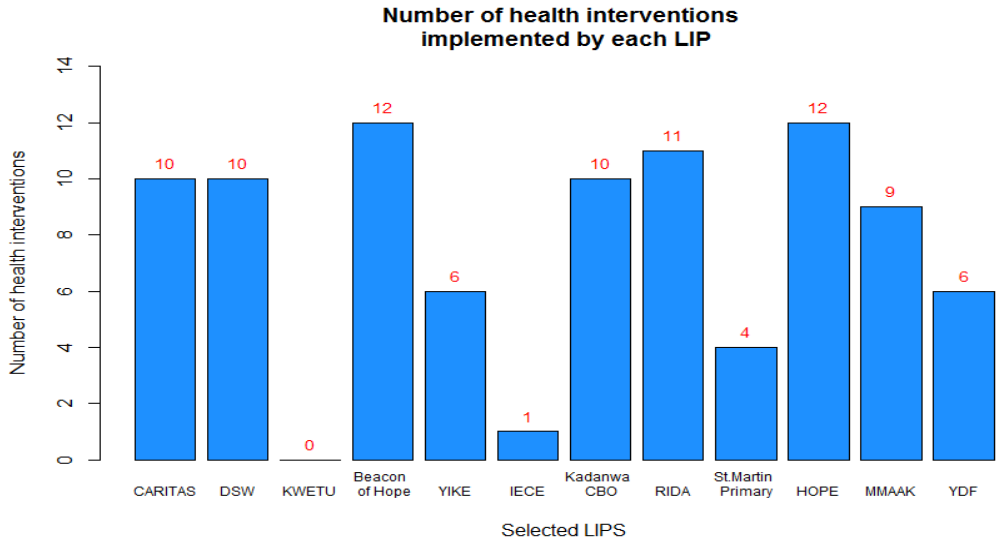
Health interventions[24]	Number of LIPS		
	Nairobi	Kilifi & Taita Taveta	Total
Incorporating health and nutrition in child-focused activities			
▪ Promote family-focused approach to health and nutrition through linkages to ECD and school-based feeding	6	2	8
Reducing access barriers			
▪ Reduction of barriers to health care access through linkage to national health insurance	5	1	6
Service provider/caregiver education[25]			
▪ Training service providers on HIV prevention, behavior change communication, life skills, and adolescent sexual reproductive health	5	2	7
▪ Sensitizing parents and caregivers and older OVC on health	6	2	8

[24] Biemba, et al. (2010); The Scale, Scope and Impact of Alternative Care for OVC in Developing Countries: A Review of Literature

[25] Katie D. Schenk et al, Public Health Reports (2010) Improving the Lives of Vulnerable Children: Implications of Horizons Research among Orphans and Other Children Affected by AIDS

Health interventions[24]	Number of LIPS		
	Nairobi	Kilifi & Taita Taveta	Total
prevention/promotion needs of OVC			
▪ Training community health workers and caregivers on addressing curative health needs of OVC	5	2	7
Care and treatment[26]			
▪ Promoting HIV counseling and testing for OVC	6	2	8
▪ Formation of age-specific peer clubs	8	2	10
▪ Treatment literacy and ART adherence support interventions	5	2	7
▪ Formation of HIV support groups	6	2	8
▪ Identification of HIV positive OVC	7	2	9
Child survival/development			
▪ Access points to safe and clean water for OVC and their households	4	2	6
▪ Discussion with the girl OVC and their caregivers about proper female hygiene during menstruation	8	2	10

Figure 7: Number of Health Interventions Implemented by Each LIP



Conclusion: All 13 interventions listed in Table 12 are currently being implemented. Eleven of the LIPs are implementing at least four of the OVC health interventions. KWETU is currently not implementing any of the health service interventions and IECE is implementing only one.

Psychosocial support

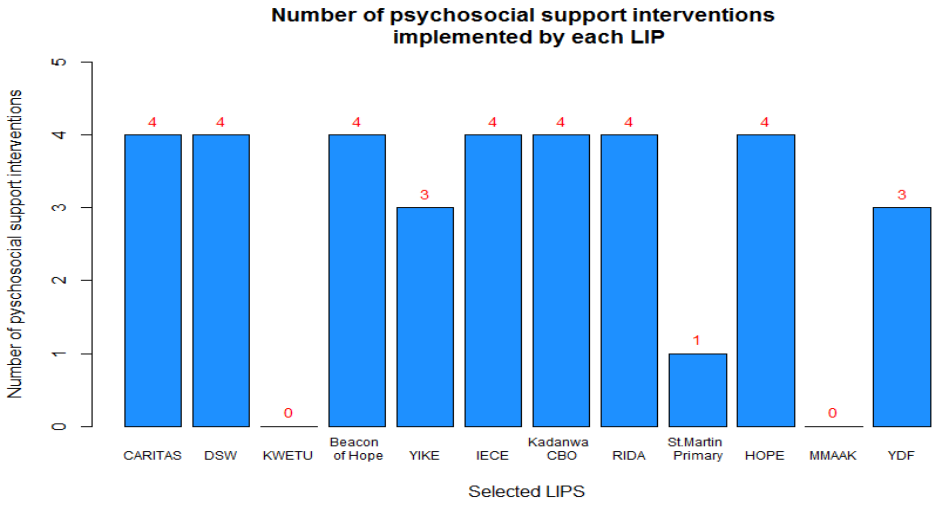
The analysis below focused on PSS initiatives such as mentorship programs, peer and social groups, and community caregiver support, which enable children to form a sense of self-worth and belonging. The analysis focused on the four OVC PSS interventions listed in Table 13.

[26] Strategies for identifying and linking HIV infected infants, children, adolescents to HIV care and treatment

Table 13: Number of Psychosocial Support Interventions Informed by Evidence

Psychosocial support interventions[27]	Number of LIPS		
	Nairobi	Kilifi & Taita Taveta	Total
▪ Platform for OVC to express their needs and ideas	8	2	10
▪ Distribution information on knowledge of where and how to access PSS services	7	2	9
▪ Formation of peer PSS groups	7	2	9
▪ On-going support and mentorship for caregivers and home visitors	5	2	7

Figure 8: Number of Psychosocial Support Interventions Implemented by Each LIP



Conclusions

- All the interventions above are currently being implemented. Nine of the LIPs are implementing at least three PSS interventions. KWETU and MMAAK are currently not implementing any of the four PSS interventions.
- Seven of the LIPs are providing on-going support and mentorship for caregivers and home visitors. Five LIPs (KWETU, Youth Initiative Kenya, St. Martins, MMMAK, and Youth Development Forum) do not provide this intervention.

Shelter and care

The analysis below focused on the eight OVC shelter service interventions listed in Table 14.

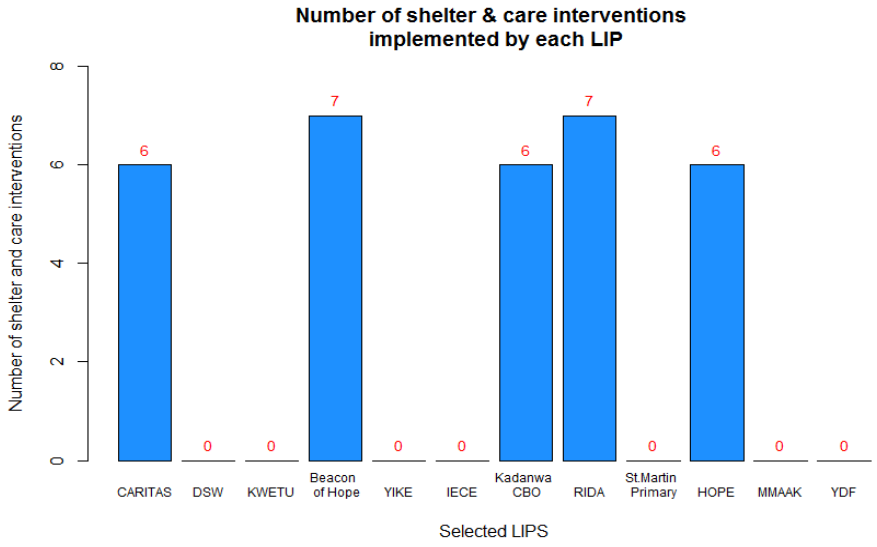
[27] Biemba, et al. (2010); The Scale, Scope and Impact of Alternative Care for OVC in Developing Countries: A Review of Literature

Table 14: Number of Shelter and Care Interventions Informed by Evidence

Shelter and care interventions[28]	Number of LIPs		
	Nairobi	Kilifi & Taita Taveta	Total
▪ Knowledge, skills, and attitudes on gaps related to shelter and care provision for OVC households	4	1	5
▪ Keeping and inventory of services and resources to provide shelter and care to OVC and their families	4	0	4
▪ Community sensitization to reduce stigmatization	4	1	5
▪ After-care services to facilitate integration into the community	3	1	4
▪ Basic skills to construct and maintain shelters	0	0	0
▪ Training OVC and caregivers on skills regarding safe structure and clean toilet facilities	4	1	5
▪ Linkages with income-generating activities	4	1	5
▪ Commitment of funds and/or support for renovation of needy OVC households	3	1	4

Conclusion: All shelter interventions, except basic skills to construct and maintain shelters, are currently being implemented. Seven LIPs (KWETU, DSW, Youth Initiative Kenya, IECE, St. Martin's Primary, MMAAK, and Youth Development Forum) do not provide/support any shelter care interventions.

Figure 9: Number of Shelter and Care Interventions Implemented by Each LIP



The five LIPs that are supporting shelter and care implement at least six of the eight OVC shelter interventions.

[28] USAID, PEPFAR OVC Evaluation: How good at doing good? (2011)

Child protection

The analysis of LIPs child protection capacity focused on awareness/caregiver education, skill-based training for children, responses to incidences of abuse, and community-based protection.[29] The 11 OVC child protection service interventions that were assessed are listed in Table 15.

All interventions related to child protection are currently being implemented. Of note, only four LIPs in Nairobi (Beacon of Hope, Youth Initiative Kenya, IECE, and Hope Worldwide) and one LIP (DSW) in Kilifi are training members of existing community structures such as AAC and Volunteer Children's Officers in identifying, reporting, and investigating child rights abuses.

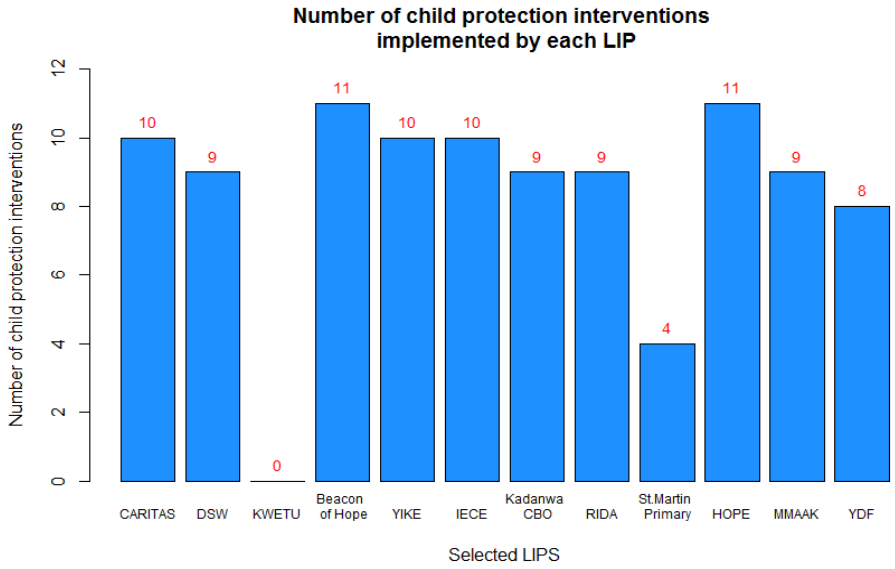
Five of the nine LIPs (Beacon of Hope, Kadamwa CBO, Redeemed Integrated Development Agency, St. Martins Primary, and Hope Worldwide) assessed in Nairobi and two LIPs (Caritas and DSW) in Kilifi and Taita Taveta counties are supporting alternative family care for children in need of care and protection.

Table 15: Number of Child Protection Interventions Informed by Evidence

Child protection interventions	Number of LIPs		
	Nairobi	Kilifi & Taita Taveta	Total
Public awareness/caregiver education and care			
▪ Educating caregivers and stakeholders on their roles in child protection	7	2	9
▪ Educating caregivers on their role in holding protection services accountable to children	8	1	9
▪ Training caregivers on how to recognize signs of abuse	8	2	10
▪ Knowledge of Child Helpline services for reporting cases of child abuse	8	2	10
▪ Alternative family care for OVC in need of care and protection[30]	5	2	7
Basic skills training for children			
▪ Training children and stakeholders on child rights	8	2	10
▪ Ensuring children know how to report an abuse and find protection services	8	2	10
Community-based response			
▪ Training members of existing community structures such as AAC, Volunteer Children's Officers in identifying, reporting, and investigating child rights abuses	4	1	5
▪ Establishing mechanisms such as children advisory groups to support children's participation in protection	7	1	8
▪ Linking OVC with special needs to social safety nets[31]	8	2	10
▪ Linking OVC with special needs to rehabilitative/reintegration services	9	2	11

[29] PEPFAR Guidance on OVC Programming (2012)
[30] Guidelines for Alternative Family Care of Children in Kenya (2014)
[31] National Plan of Action for Children in Kenya (2015 - 2022)

Figure 10: Number of Child Protection Interventions Implemented by Each LIP



All LIPs except KWETU are implementing at least four child protection interventions that are informed by evidence.

Conclusion: There is little training available for members of existing community structures such as AACs and Volunteer Children's Officers in identifying, reporting, and investigating child rights abuses.

Household economic strengthening

The analysis of HES focused on linkages with other interventions, income promotion, and money management interventions, all of which are aimed at reducing families' economic vulnerability and empowering them to meet the needs of OVC. These activities are family-focused and provide income for the households.

A. HES through linkages with other service interventions (cash transfer programs, education, health, and child protection)

- **Cash transfer program:**[32] Only three LIPs (DSW, Beacon of Hope, and Hope Worldwide) support linkages to cash transfer programs through other service providers.
- **Provision of "one-time" asset transfer:** Only four LIPs (Caritas, DSW, Hope Worldwide, and Kadamwa CBO) provide direct one-time asset transfers (such as pregnant goats for milk or hens for eggs).
- Four of the LIPs (Caritas, DSW, Beacon of Hope, and Hope Worldwide) supported training in agribusiness, value addition, and linkages to markets and formation of producer market groups or links with micro-consignment opportunities.
- Seven LIPs (Caritas, DSW, Beacon of Hope, Kadamwa CBO, Redeemed Integrated Development Agency, Hope Worldwide, and Youth Development Forum) support basic financial literacy through "community-based enterprise development training."
- Nine LIPs (Caritas, DSW, Beacon of Hope, Youth Initiative Kenya, Kadamwa CBO, St. Martins Primary, Hope Worldwide, and Youth Development Forum) support collaboration with existing education and training resources to create opportunities for OVC.

[32] Patrick Ward et al (2010); Kenya CT-OVC Program – Operational and Impact Evaluation: 2007–2009

The assessment looked for support for microenterprises activities, specifically startup kits for small businesses and agricultural (farming and livestock production)-related activities. LIPs operating in the Coast frequently supported animal husbandry was common and LIPs in Nairobi commonly supported and small business enterprises.

Caritas, Kadamwa CBO, St. Martins Primary, and Redeemed Integrated Development Agency supported money management mechanisms, through saving and internal lending communities and village savings and loans (SILC/VSL) for saving and accessing credit.[33, 34] Table 16 provides a summary of other HES activities (income promotion and money management mechanisms) supported by the 12 LIPs.

Table 16: Summary of Household Strengthening Activities Implemented

Household economic strengthening activities			
B. Income promotion (microenterprises)			
		LIP	County
Animal husbandry	Bee keeping	KWETU	Kilifi
	Fish farming	KWETU	Kilifi
	Rabbit rearing	KWETU	Kilifi
	Chicken rearing	Caritas/KWETU	Taita Taveta, Kilifi
	Goats (Galla breed) rearing	Caritas	Taita Taveta, Kilifi
Farming/Irrigation	Startup kits - water pumps	MMAAK	Nairobi
	Watermelon, legumes farming (cow peas, green grams)	Caritas	Taita Taveta, Kilifi
	Kitchen gardens	Beacon of Hope	Nairobi
	Green house	Beacon of Hope	Nairobi
Business enterprise	Soap making machine	Kadamwa CBO	Nairobi
	Startup kits - Salon & barber shops	MMAAK	Nairobi
	Grocery, cereal shops	MMAAK, Caritas	Nairobi, Taita Taveta, Kilifi
	Tailoring	MMAAK	Nairobi
	Herbals and cosmetic products	KWETU	Kilifi
	Making crisps, peanut butter	Beacon of Hope	Nairobi
C. Money management			
	SILC/VSL	Caritas, Kadamwa CBO, St. Martins Primary, Redeemed Integrated Development Agency, Beacon of Hope	Nairobi, Taita Taveta/Kilifi

[33] Guy Vanmeenen (2006) Savings and Internal Lending Communities (SILC): A Basis for Integral Human Development (IHD)
[34] Guy Vanmeenen (2010) Savings and Internal Lending Communities (SILC) Voices from Africa: The benefits of integrating SILC into development programming

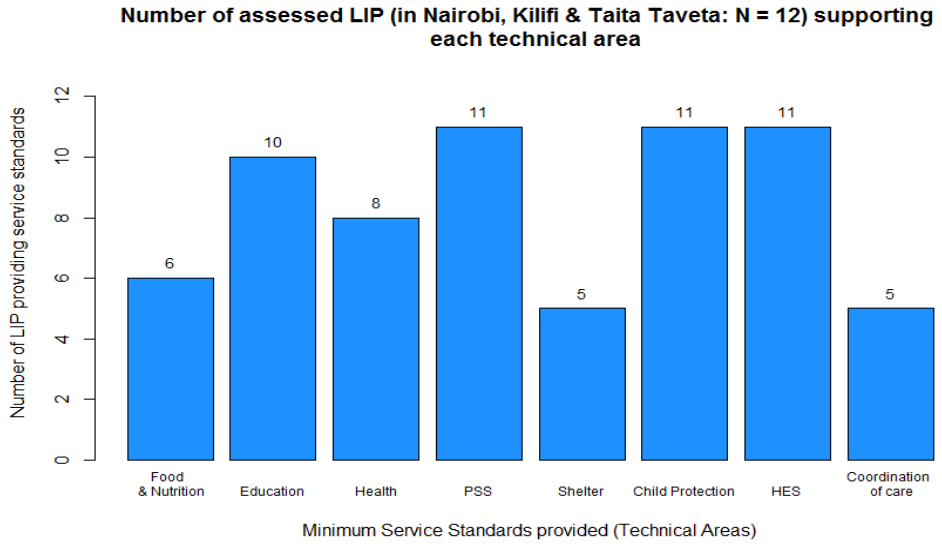
4.5 Technical Capacity to Implement OVC-Related Services Based on the Minimum Service Standards

Assessment of organizations' technical capacity focused on the eight program areas identified in the Minimum Service Standards for Quality Improvement of OVC Services in Kenya.[35] These include food and nutrition, education, health, psychosocial support, shelter and care, child protection, household economic strengthening, and coordination of care. These standards are aimed at i) developing outcome-based standards to improve the quality of OVC services; ii) improving the quality of programs for OVC; and iii) supporting the implementation of various GoK polices and guidelines at the family and community levels**.**

Local Implementing Partners:

Figure 11 provides a summary of the number of LIPs supporting each technical area

Figure 11: Number of LIPs Supporting Various OVC Technical Areas



Of the 12 LIPs, KWETU does not have prior OVC experience *per se*. Established in 1997, the KWETU Training Center for Sustainable Development focuses on training unemployed youth, women, and fishermen in conservation and income-generating activities. The organization works with local groups to identify income-generation opportunities, relevant stakeholders, and available technologies to build local capacity. Table 17 provides a summary of each LIP's area of focus.

County Department of Children Services: The DCSs support all the technical areas through linkages to agencies offering the specific services.[36] Only Kilifi DCS provides support and/or linkages for shelter and care services. All four DCSs provide food and nutrition and child protection services. Nairobi and Taita Taveta DCSs provide health services. The Nairobi DCS provides direct support that identifies common health problems in the community and aids in the development of assessment tools that can identify and assess the health needs of OVC and their households. The Taita Taveta DCS supports the identification of HIV-positive OVCs and OVC at risk of HIV and links them to appropriate care and treatment services. Taita Taveta DCS also refers sexually abused children to the Ministry of Health or other appropriate service providers for clinical and psychosocial management and follow-up.

[35] Minimum service standards for quality improvement of orphans and vulnerable children in Kenya (2012)
[36] Organizational Assessment for the Department of Children Services (May, 2016)

Kilifi and Taita Taveta provide education services. Kilifi, Mombasa, and Taita Taveta provide PSS and HES support and Mombasa and Taita Taveta provide coordination of care.

Conclusions

- Although KWETU does not have prior experience in dealing with OVC, this LIP has the requisite capacity to promote income-generating activities.
- DCS support is mainly provided through linkages to other service providers.

Table 17: Technical Areas of Focus for Each of the 12 LIPs

	OVC TECHNICAL AREAS							
	Food	**Education**	**Health**	**PSS**	**Shelter & Care**	**Child Protection**	**HES**	**Coordination of Care**
Beacon of Hope								
IECE								
Youth Imitative Kenya								
MMAA								
Youth Development Forum								
Hope Worldwide								
KADAMWA CBO								
St. Martins Primary								
Redeemed Church								
KWETU								
DSW								
Caritas								

Key

Direct Implementation

Indirect Implementation/Link

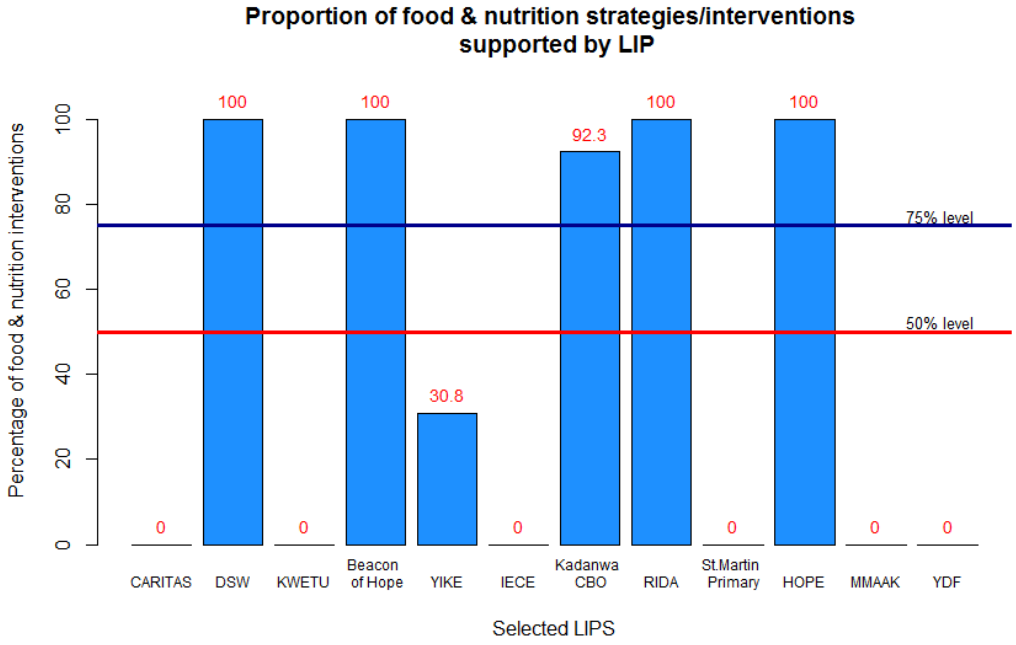
No Implementation

4.5.1 Food and Nutrition

Assessment of LIPs' capacity in food and nutrition focused on 13 strategies/interventions across five essential food and nutrition service standards: i) the ability to conduct on-going assessment of the target community's food and nutritional needs; ii) the ability to map and link stakeholders and resources available for food and nutrition support; iii) promotion of knowledge on nutrition to OVC, their households, and the community; iv) provision of targeted food and nutrition interventions for OVC and their households; and v) increasing access to nutritious food for OVC and their households.[37]

Gaps in relation to the minimum food and nutrition quality service standards Local Implementing Partners:

Figure 12: Food and Nutrition Strategies/Interventions Supported



Six LIPs (Caritas, KWETU, IECE, St. Martins Primary, MMAAK, and Youth Development Forum) do not support any food or nutrition interventions. The rest had high compliance with the minimum standards related to food and nutrition, with the exception of Youth Initiative Kenya which supports only 31 percent of the assessed strategies and interventions.

Four of the six LIPs (DSW, Beacon of Hope, Redeemed Integrated Development Agency, and Hope Worldwide) provide all food and nutrition interventions. A detailed analysis of gaps in each of the 13 strategies and interventions assessed are shown in Table 18a through d below.

[37] Minimum Service Standards for Quality Improvement of OVC Programs in Kenya (2012)

Table 18 a-d: Analysis of Gaps in Strategies and Interventions in Food and Nutrition Services

18a. Number of LIP organizations with ability to conduct on-going assessment of the target community's food and nutrition needs (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Organizing forums to discuss and gauge the community's food and nutrition needs	6	6	12
▪ Mobilizing and sensitizing the community on the importance of proper food and nutrition	6	6	12
▪ Conducting on-going household needs assessments from a representative sampling of households	5	7	12
▪ Establishing feedback mechanisms within the community to monitor the community's needs	5	7	12

18b. Number of LIP organizations with the capacity to promote knowledge on nutrition for OVC, their households, and the community (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Establishing mechanisms to promote good nutritional practices among OVC and their families	4	8	12
▪ Educating and creating community awareness on nutrition through use of media, public meetings, and information sessions	6	6	12

18c: Number of LIP organizations with the capacity to provide targeted food and nutrition interventions for OVC and their households (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Providing food support for OVC households without access to adequate food supplies	5	7	12
▪ Enabling OVC households to access micronutrient supplementation	5	7	12
▪ Creating linkages and referrals systems for OVC requiring specialized or emergency food and nutrition support	5	7	12

18d: Number of LIP organizations with the capacity to assist access to nutritious food by OVC and their households (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Encouraging OVC and their households to diversify food production	5	7	12
▪ Linking OVC and their households to livelihoods programs	5	7	12
▪ Building OVC and their household capacity on proper food production, storage, and preservation	6	6	12

Department of Children Services: Nairobi and Kilifi DCSs have the capacity to implement all 13 strategies and interventions in food and nutrition either through direct support or indirectly through other service providers. Mombasa DCS supports only forums to discuss and gauge the community's food and nutrition needs. Taita Taveta DCS supports five interventions: forums to discuss and gauge the community's food and nutrition needs, household assessments, mapping and linking stakeholders and resources available for food and nutrition support, food support for OVC households without access to

adequate food supplies, and the creation of linkages and referral systems for OVC requiring specialized or emergency food and nutrition support.

Conclusions

- Half of the LIPs assessed have no capacity to implement strategies and interventions related to food and nutrition.
- The Nairobi and Kilifi DCSs implement all food and nutrition strategies.

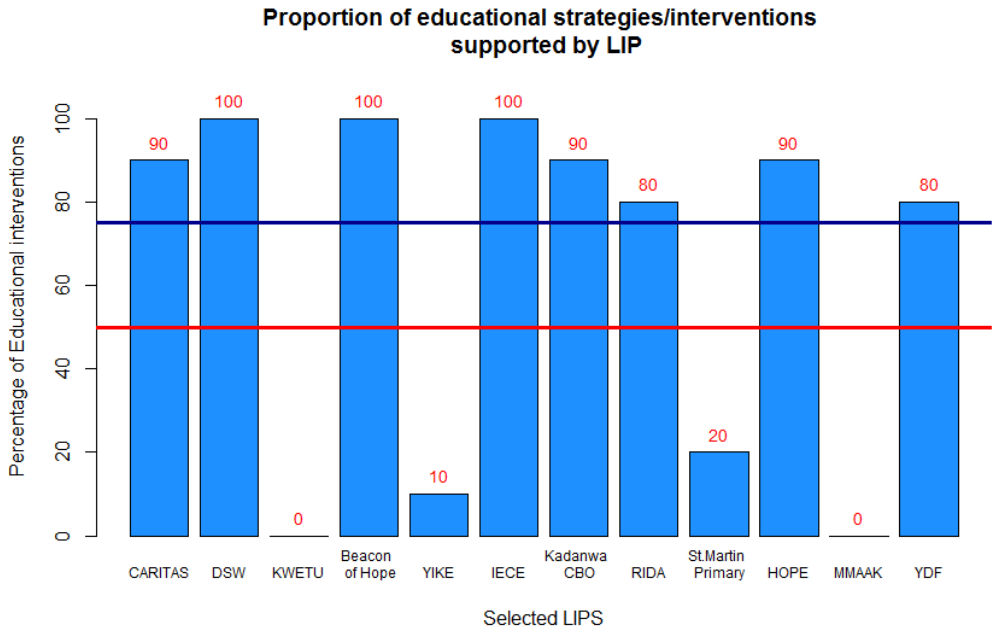
4.5.2 Education

Assessment of LIPs' capacity to provide education support focused on 10 strategies/interventions across the following three essential education service standards: i) developing and implementing appropriate mechanisms to address educational barriers; ii) the ability to ensure non-discriminatory, comprehensive education and training for OVC; and iii) the ability to mobilize and sensitize the community, especially key stakeholders, to support age-appropriate education and training for OVC.

Gaps in relation to the minimum education quality service standards

Local Implementing Partners: Four LIPs (KWETU, Youth Initiative Kenya, St. Martins Primary, and MMAAK) do not implement any education interventions. Youth Initiative Kenya and St. Martins Primary had low compliance with the minimum standards related to education.

Figure 13: Educational Strategies/Interventions Supported by LIPs



A detailed analysis of gaps in each of the 10 strategies and interventions assessed are shown in Table 19 a-c.

Table 19 a-c: Analysis of Gaps in Strategies and Interventions in Education

19a: Number of LIP organizations with ability to develop and implement appropriate mechanisms that address educational barriers (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Holding community forums with stakeholders to identify OVC who do not attend school and document reasons for non-attendance	8	4	12
▪ Collecting data on household and other barriers to education	8	4	12
▪ Conducting site visits to schools to monitor OVC attendance	8	4	12

Department of Children Services: Nairobi and Kilifi DCSs support all the above strategies that relate to the development and implementation of appropriate mechanisms to address educational barriers. Taita Taveta and Mombasa DCS are not implementing any of these interventions

19b: Number of LIP organizations with ability ensure non-discriminatory, comprehensive education and training to OVC (n =12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Visiting schools to monitor age- and gender-appropriateness of efforts that promote educational progress of OVC	5	7	12
▪ Develop written agreements with participating schools and institutions creating clear roles and responsibilities in provision of education and training support for OVC	7	5	12
▪ Involving OVC, caregivers, and other stakeholders in conducting a market assessment to inform vocational training opportunities for OVC	8	4	12
▪ Establishing referral mechanisms to ensure appropriate, comprehensive and continued educational and vocational support to OVC	7	5	12

Department of Children Services: Nairobi DCS is currently visiting schools to monitor age and gender appropriateness of efforts that promote educational progress of OVC and develop written agreements with participating schools and institutions, thus creating clear roles and responsibilities in the provision of education and training support for OVC.
Kilifi DCS is able to develop written agreements with participating schools and institutions to create clear roles and responsibilities in provision of education and training support for OVC and establish referral mechanisms to ensure appropriate, comprehensive, and continued educational and vocational support to OVC. Taita Taveta DCS is currently able to establish referral mechanisms to ensure appropriate, comprehensive, and continued educational and vocational support to OVC and also visits schools to monitor age- and gender-appropriateness of efforts that promote educational progress of OVC (though this occurs rarely due to poor staffing and lack of transportation). The Mombasa DCS is not implementing any of these interventions.

19c: Number of organizations with ability to mobilize and sensitize the community, especially key stakeholders, to support age-appropriate education and training for OVC (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Encouraging education and training institutions to enhance their	7	5	12

19c: Number of organizations with ability to mobilize and sensitize the community, especially key stakeholders, to support age-appropriate education and training for OVC (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
support for continuity of education for OVC			
• Holding meetings with community members to create awareness of the educational needs and rights of OVC	8	4	12
▪ Discussion on the importance of education of OVC and the members of their households, especially caregivers, and emphasis on the importance of educating both boys and girls equally	10	2	12

Department of Children Services: Both Kilifi and Taita Taveta DCSs are currently supporting all the above interventions (providing direct support or through the Ministry of Education). Nairobi and Mombasa DCS are not supporting any of the above.

Conclusions

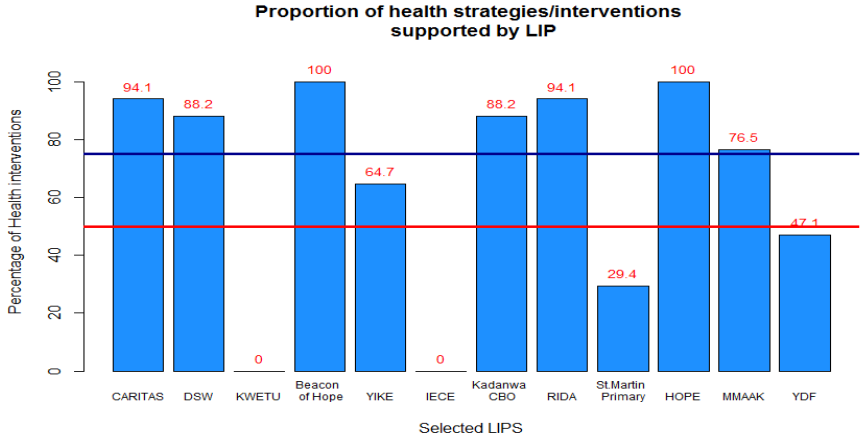
- Two-thirds of the assessed LIPs had the capacity to implement strategies and interventions related to the development and implementation of appropriate mechanisms to address education barriers for OVC.
- At least one-third of the LIPs (Youth Initiative Kenya, St. Martins, MMAAK and Youth Development Forum) had no capacity to ensure non-discriminatory, comprehensive education and training to OVC. Of note, more than half of the LIPs do not have the capacity to visit schools to monitor age- and gender -appropriateness of efforts that promote OVC's educational progress.
- There is emphasis among the assessed LIPs on the importance of education for OVC and the members of their households, especially caregivers, and on the importance of educating both boys and girls equally.
- Most of the LIPs have the capacity to mobilize and sensitize the community, especially key stakeholders, to support age-appropriate education and training for OVC.
- Implementation of education interventions varied by DCS, with Kilifi and Nairobi DCSs supporting/providing most of the interventions. Mombasa DCS does not support any of the assessed strategies.

4.5.3 Health

Assessment of LIPs' capacity to support the health needs of OVC focused on 17 strategies/interventions across the following five essential health service standards: i) assessing the health needs, services, and costs for OVC and their households; ii) enhancing access to HIV prevention, treatment, care, and support for OVC; iii) aiding in prevention of household illnesses in OVC, as per the Kenya Essential Package for Health (KEPH); iv) enhancing access to appropriate curative services for OVC and their households; and v) promotion of safe water, hygiene, and sanitation practices in their target communities and in the OVC households.

Gaps in relation to the minimum health quality service standards
Local Implementing Partners:

Figure 14: Health Strategies/Interventions Supported by LIP



Two LIPs (KWETU and IECE) do not provide any health interventions. St. Martins Primary and Youth Development Forum had low compliance with minimum health quality service standards.

One of the 12 LIPs (Youth Initiative Kenya) had moderate compliance with minimum quality service standards for health. Seven others (Caritas, DSW, Beacon of Hope, Kadamwa CBO, Redeemed Integrated Development Agency, Hope Worldwide, and MMAAK) had high compliance with minimum health quality service standards. A detailed analysis of gaps in each of the 17 strategies and interventions assessed is provided in Table 20 a-e.

Table 20 a-e: Analysis of Gaps in Strategies and Interventions in Health

20a: Number of LIP organizations with the capacity to assess the health needs, services and costs for OVC and their households (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Identifying common health problems in the community	9	3	12
▪ Developing an assessment tool and using it to identify and assess the health needs of OVC and their households	8	4	12

Department of Children Services: Both Nairobi and Kilifi DCSs support the above interventions (either through direct support or through links to other service providers). Taita Taveta and Mombasa DCSs are not implementing any of the above interventions.

20b: Number of LIP organizations with the capacity to enhance access to HIV prevention, treatment, care and support for OVC (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Training service providers on HIV prevention, behavior change communication, life skills, and adolescent sexual reproductive health	8	4	12
▪ Promoting HIV counseling and testing for OVC, in partnership with the Ministry of Health	9	3	12
▪ Formation of age-specific peer clubs	9	3	12
▪ Providing treatment literacy and ART adherence support interventions to community health workers, caregivers, and HIV-positive OVC	8	4	12

20b: Number of LIP organizations with the capacity to enhance access to HIV prevention, treatment, care and support for OVC (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Formation of HIV support groups	8	4	12
▪ Collaborating with other HIV prevention programs to create age-specific messages	10	2	12
▪ Identifying HIV-positive OVC and OVC at risk of HIV and linking them to appropriate care and treatment services	8	4	12

Department of Children Services: Kilifi DCS is implementing all the above interventions. Taita Taveta DCS supports only identification of HIV-positive OVC and OVC at risk of HIV and links them to appropriate care and treatment services. Nairobi and Mombasa DCSs are not implementing any of the above interventions.

20c: Number of LIP organizations with the capacity to aid in prevention of household illnesses in OVC, as per the Kenya Essential Package for Health (KEPH) (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Educating and sensitizing parents, caregivers, and older OVC on health prevention/promotion needs of OVC	9	3	12
▪ Sensitizing community health volunteers and OVC committee members on the health prevention/promotion needs of OVC	8	4	12

20d: Number of LIP organizations with the capacity to enhance access to appropriate curative services for OVC and their households (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Training community health workers and caregivers on addressing curative health needs of OVC	8	4	12
▪ Referring sexually abused children to the MOH or other appropriate service providers for clinical and psychosocial management and follow-up to ensure service is provided	9	3	12

20e: Number of LIP organizations with capacity to promote safe, water, hygiene and sanitation practices in their target communities and in the OVC households (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Conducting household assessments to determine the current access to safe water and sanitation practices	6	6	12
▪ Conducting community education on use of safe practices, including handwashing with soap, use of latrines, boiling drinking water, and proper waste disposal	7	5	12
▪ Creating access points to safe and clean water for OVC and their households	4	8	12
▪ Discuss proper female hygiene during menstruation with female OVC and their caregivers	10	2	12

Department of Children Services: Only Kilifi DCS is implementing (through links with other service providers) the above interventions.

Conclusions

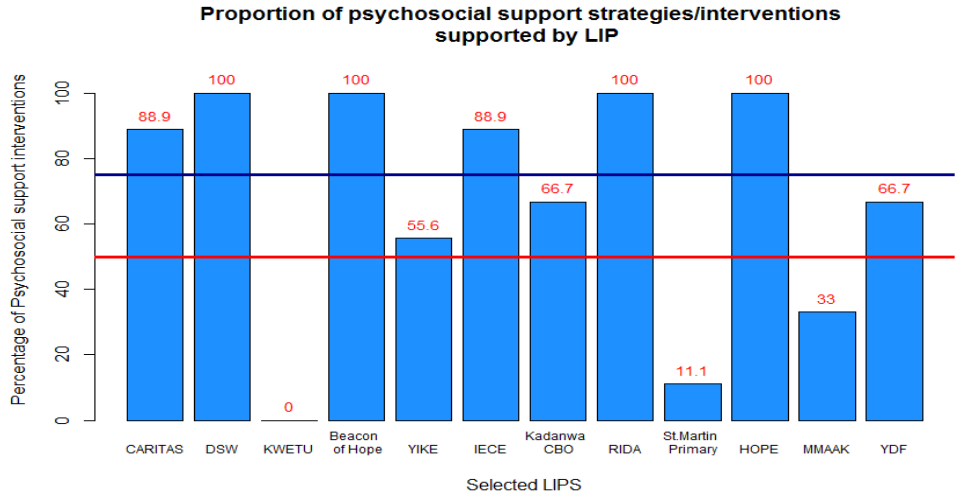
- One-quarter of the assessed LIPs (IECE, St. Martins, MMAAK, and Youth Development Forum) have no capacity to implement strategies and interventions that enable the assessment of the health needs, services, and costs for OVC and their households.
- One-quarter of the LIPs (IECE, St. Martins, Youth Initiative Kenya, and Youth Development Forum) have no capacity to implement strategies and interventions that enhance access to HIV prevention, treatment, care and support for OVC.
- One-quarter of the LIPs (IECE, St. Martins, Youth Initiative Kenya, and Youth Development Forum) have no capacity to implement strategies and interventions that aid in prevention of household illnesses in OVC, as outlined in the Kenya Essential Package for Health (KEPH).
- One-quarter of the LIPs (IECE, St. Martins, Youth Initiative Kenya, and Youth Development Forum) have no capacity to implement strategies and interventions that enhance access to appropriate curative services for OVC and their households.
- Two-thirds of the LIPs (Caritas, DSW, KWETU, IECE, Kadamwa CBO, Redeemed Integrated Development Authority, St. Martins, and MMAAK) have no capacity to implement interventions that create access points to safe and clean water for OVC and their households.
- Implementation of health-related interventions varied by DCS. Kilifi DCS supported most of the interventions. Mombasa DCS does not support any of the assessed strategies.

4.5.4 Psychosocial Support

Assessment of LIPs' capacity to provide support in this technical area focused on nine strategies/interventions across the following three PSS quality service standards: i) conducting community mobilization and sensitization activities to create awareness of the PSS needs of OVC and their households; ii) building the capacity of OVC to recognize, understand, and meet their PSS needs and obtain PSS services; and iii) strengthening community and household capacities to provide PSS to OVC and their caregivers.

Gaps in relation to the minimum PSS quality service standards
Local Implementing Partners:

Figure 15: Psychosocial Support Strategies/Interventions Supported by LIP



Three LIPs (KWETU, St. Martins Primary, and MMAAK) had low compliance to minimum PSS quality standards. Youth Initiative Kenya, Kadamwa CBO, and Youth Development Forum had moderate compliance and six LIPs (Caritas, DSW, Beacon of Hope, IECE, Redeemed Integrated Development Agency, and Youth Development Forum) had high compliance.

A detailed analysis of gaps in each of the nine strategies and interventions assessed are shown in Table 21 a-c below.

Table 21 a-c: Analysis of Gaps in Strategies and Interventions in Psychosocial Support

21a: Number of LIP organizations with ability to conduct community mobilization and sensitization activities to create awareness of psychosocial needs of OVC and their households (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Participating in community forums, including national and international days, to inform the community on PSS for care on OVC	9	3	12
▪ Providing guidance to community health workers, service providers, and caregivers on provision of PSS to OVC	8	4	12
▪ Conducting participatory PSS awareness and education sessions for the community, particularly in schools, clinics, and other places frequented by OVC	9	3	12

Department of Children Services: Taita Taveta and Nairobi DCSs are currently implementing all the above interventions related to community mobilization and sensitization activities. Mombasa DCS supports community forums; while Kilifi DCS does not support any of the above interventions.

21b: Number of LIP organizations with ability to build the capacity of OVC to recognize, understand, meet, and obtain the PSS needs (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Providing platforms for OVC to express their needs and ideas and documenting their responses in order to find relevant support services	10	2	12
▪ Distributing information and ensuring OVC know where and how to access PSS services	9	3	12
▪ Formation of peer PSS groups through schools or community	9	3	12

Department of Children Services: Taita Taveta and Nairobi DCSs are currently implementing all the above interventions related to building the capacity of OVC to recognize, understand, meet, and obtain PSS services. Mombasa DCS supports platforms for OVC to express their needs and distributes information ensuring OVC know where to access PSS services. Kilifi DCS does not support any of the above interventions.

21c: Number of LIP organizations with ability to strengthen community and household capacities to provide PSS to OVC and their caregivers (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Conducting PSS needs assessments among community PSS providers to identify gaps and determining training needs	6	6	12
▪ Creating an inventory of current PSS providers who could be useful in working with OVC	6	6	12

▪ Providing on-going support and mentorship for caregivers and home visitors engaged in provision of PSS	7	5	12

Department of Children Services: Nairobi DCS implements all the interventions listed in Table 21c. Taita Taveta DCS has only created an inventory of current PSS providers who could be useful in working with OVC. Mombasa and Kilifi DCSs do not support any of the above interventions.

Conclusions

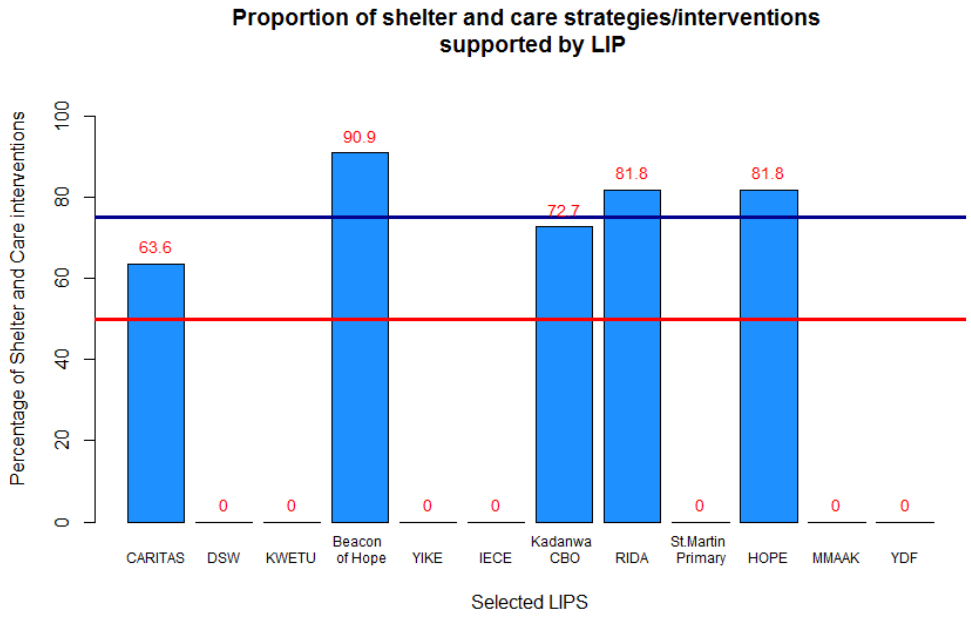
- Three-quarters of the assessed LIPs have the capacity to implement PSS strategies and interventions; however, there is a gap in LIPs' ability to strengthen community and household capacities to provide PSS to OVC and their caregivers.
- Implementation of PSS related interventions also varied by DCS. Nairobi DCS is supporting/providing all the assessed interventions; while Kilifi DCS does not provide any PSS related interventions.

4.5.5 Shelter and Care

Assessment of LIPs' capacities in this technical area focused on 11 strategies/intervention across the following four key standards: i) capacity to conduct household needs assessments to determine and support appropriate community shelter and care initiatives for OVC households; ii) capacity to link stakeholders to resources to support OVC shelter and care; iii) capacity to sensitize the community and households on the importance of OVC receiving regular and loving care from adults; and iv) capacity to facilitate community and stakeholders' implementation of shelter initiatives to support OVC households.

Gaps in relation to the minimum shelter and care quality service standards
Local Implementing Partners:

Figure 16: Shelter and Care Strategies/Interventions Supported by LIPs



Seven LIPs (DSW, KWETU, Youth Initiative Kenya, IECE, St. Martins Primary, MMAAK, and Youth Development Forum) do not support any shelter and care services.

Two LIPs (Caritas and Kadamwa CBO) had moderate compliance to the minimum shelter and care quality service standards; three (Beacon of Hope, Redeemed Integrated Development Agency, and Hope Worldwide) had high compliance.

An analysis of gaps in each of the 11 strategies and interventions assessed are shown in Table 22 a-d below.

Table 22 a-d: Analysis of Gaps in Strategies and Intervention in Shelter and Care

22a: LIP organizations with the capacity to conduct household needs assessment to determine and support appropriate community shelter and care initiatives for OVC households (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Identifying knowledge, skills, and attitude gaps related to the provision of shelter and care for OVC households	5	7	12
▪ Periodically monitoring progress on improved shelter and care in identified households	3	9	12

Department of Children Services: Kilifi and Nairobi DCSs conduct household needs assessments to determine and support appropriate community shelter and care initiatives for OVC households. Mombasa and Taita Taveta DCSs do not support any of the above interventions.

22b: Number of LIP organizations with the capacity to link stakeholders to resources available to support OVC shelter and care (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Keeping an inventory of services and resources to provide shelter and care support to OVC and their families	4	8	12
▪ Hold and participate in consultative meetings with stakeholders to determine mechanisms and procedures for providing OVC shelter and care	3	9	12

Department of Children Services: Nairobi DCS only supports keeping an inventory of services and resources to provide shelter and care support to OVC and their families. Kilifi, Mombasa, and Taita Taveta DCSs do not support any of the above interventions.

22c: Number of LIP organizations with the capacity to sensitize the community and households on the importance of OVC receiving regular and loving care from adults (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Holding community sensitization meetings to reduce stigmatization of OVC	5	7	12
▪ Conducting regular monitoring of OVC family/living environment to ensure the OVC are being properly cared for	5	7	12
▪ Facilitating after-care services that enable OVC to be integrated into the community	4	8	12

Department of Children Services: Kilifi DCS supports all the above interventions that sensitize communities and households on the importance of OVC receiving regular and loving care from adults. Mombasa and Taita Taveta DCSs do not support any of the above interventions.

22d: Number of LIP organizations with the capacity to facilitate community and stakeholders implementation of shelter initiatives to support OVC households (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Provide training on basic skills to construct and maintain shelters	0	12	12
▪ Train OVC and caregivers with knowledge and skills on the needs of OVC regarding shelter, including safe structure, clean toilet facilities	5	7	12
▪ Establish linkages with income-generating activities, religious organizations, and community groups to help maintain shelter for OVC	5	7	12
▪ Mobilize community members to commit funds and/or support for the renovation of needy OVC households	4	8	12

Department of Children Services: Kilifi DCS supports all the above interventions except provision of training on basic skills to construct and maintain shelters. Nairobi, Mombasa, and Taita Taveta DCSs do not support any of the above interventions.

Conclusions

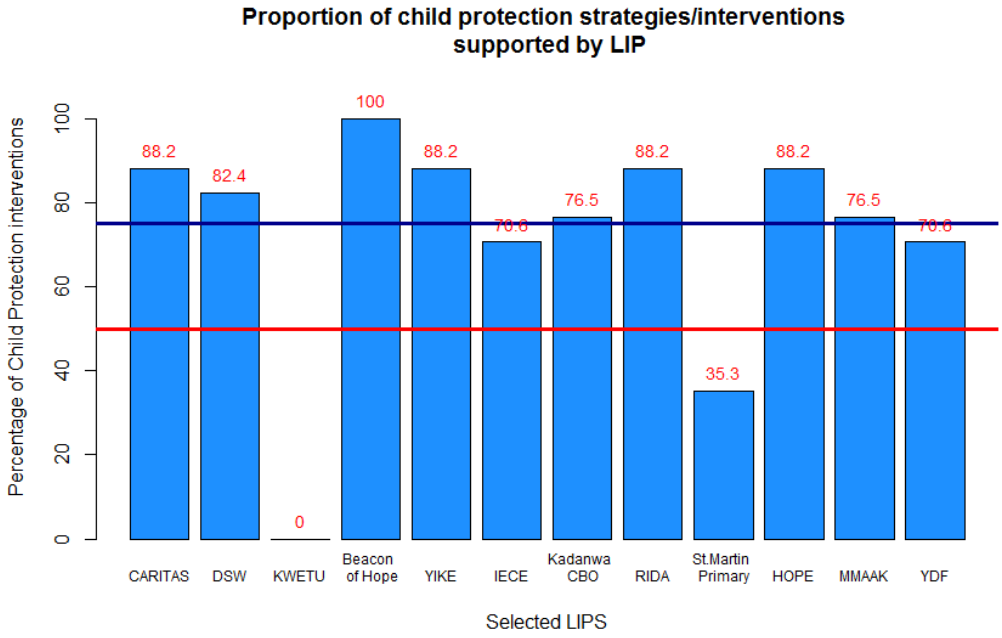
- More than half of the assessed LIPs (DSW, KWETU, Youth Initiative Kenya, IECE, St. Martins, MMAAK, and Youth Development Forum) have no capacity to implement strategies and interventions to provide shelter and care for OVC and their families.
- None of the LIPs have the capacity to provide basic skills to construct and maintain shelters for OVC.
- Less than half of the assessed LIPs have the capacity to mobilize community members to commit funds and/or support for the renovation of needy OVC households.
- Implementation of OVC shelter-related interventions also varied by DCS, with Kilifi DCS supporting most of the interventions. Mombasa and Taita Taveta DCSs do not support any shelter-related interventions.

4.5.6 Child Protection

Assessment of LIPs' capacity in this technical area focused on 17 strategies and interventions across the following seven child protection quality service standards: i) educating OVC and their communities on child rights, responsibilities, and child protection; ii) organizations' capacity to strengthen the capacity of households and local community structures to enhance OVC protection and maximize utilization of available resources; iii) capacity to support OVC and caregivers to participate in matters affecting them; iv) strengthening of partnerships and linkages to ensure case management, law enforcement, and appropriate referral and monitoring systems; v) capacity to support OVC with special needs or disabilities; and vi) capacity to promote positive parental/family care and child stimulation.

Gaps in relation to the minimum child protection quality service standards
Local Implementing Partners:

Figure 17: Child Protection Strategies/Interventions Supported by LIPs



Two LIPs (KWETU and St. Martins Primary) had low compliance with minimum child protection quality service standards.
Two of the LIPs (IECE and Youth Development Forum) had moderate compliance to the minimum child protection quality service standards and eight (Caritas, DSW, Beacon of Hope, Youth Initiative Kenya, Kadamwa CBO, Redeemed Integrated Development Agency, Hope Worldwide, and MMAAK) had high compliance.
A detailed analysis of gaps in each of the 17 strategies and interventions assessed are shown in Table 23 a-e.

Table 23 a-e: Analysis of Gaps in Strategies and Interventions in Child Protection

23a: Number of organizations with the capacity to educate OVC and their communities on child rights, responsibilities and child protection (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Educating caregivers and stakeholders on their roles in child protection	9	3	12
▪ Holding forums to sensitize the community and OVC on gender-based violence prevention and actions to take if GBV is observed or suspected	9	3	12
▪ Training children and stakeholders on child rights.	10	2	12

23b: Organizations with the ability to strengthen the capacity of households and local community structures to enhance OVC protection and maximize utilization of available resources (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Facilitating alternative family care for OVC in need of care and protection (safe places etc.)	7	5	12
▪ Training caregivers on how to recognize signs of abuse	10	2	12
▪ Educating the caregivers on their roles in holding protection services accountable to children	9	3	12
▪ Training members of existing community structures such as AAC, Volunteer Children's Officers in identifying, reporting and investigating child rights abuses.	5	7	12
▪ Knowledge of Child Helpline services for reporting cases of child abuse	10	2	12

Department of Children Services: All four DCSs implement (through direct support or by links to other service providers) interventions that educate OVC and their communities on child rights, responsibilities, and child protection and interventions that strengthen the capacity of households and local community structures to enhance OVC protection and maximize utilization of available resources.

23c: Number of organizations with the capacity to support the OVC and caregivers to participate in matters affecting them (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Ensuring children know how to report abuse and find protection services	10	2	12
▪ Establishing mechanisms such as children advisory groups to support children's participation in protection	8	4	12
▪ Disseminating national guidelines on child participation through forums and community events	8	4	12

Department of Children Services: Kilifi, Mombasa, and Nairobi DCSs provide all interventions that support OVC and caregivers to participate in matters affecting them. Taita Taveta DCS provides the same interventions except establishing mechanisms, such as children advisory groups, to support children's participation in protection.

23d: Number of organizations with the capacity to support OVC with special needs e.g., disability (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Link OVC with special needs to social safety nets.	10	2	12
▪ Link OVC with special needs to rehabilitative/reintegration services	11	1	12
▪ Provide services/support to address their disability needs.	4	8	12

Department of Children Services: Kilifi DCS provides all interventions that support OVC with special needs, e.g., disabilities. Taita Taveta and Mombasa DCSs implement the above interventions, except for the provision of services/support to address the disability needs of OVC. Nairobi DCS does not provide any such linkages other than the Presidential Bursary Scheme.

23e: Number of organizations with the capacity to support and promote positive parental/family care and child stimulation (n = 12)			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Sensitize parents/caregivers on positive parenting	10	2	12
▪ Organize fun/play days for OVC	9	3	12

Department of Children Services: Kilifi and Nairobi DCSs provide all interventions that promote positive parental/family care and child stimulation. Taita Taveta and Mombasa DCSs only support the sensitization of parents/caregivers on positive parenting.

Conclusions

- More than half of the assessed LIPs (Caritas, KWETU, Kadamwa CBO, Redeemed Integrated Development Authority, St. Martins, MMAAK, and Youth Development Forum) had gaps in training members of existing community structures such as the AACs or VCOs, to identify, report, and investigate abuses of children's rights.
- Two-thirds of the LIPs (DSW, KWETU, Kadamwa CBO, IECE, Youth Initiative Kenya, St. Martins, Hope Worldwide, and MMAAK) had no capacity to provide services or support to address OVC's disabilities.
- Implementation of child protection interventions varied by DCS. Kilifi DCS is currently supporting all interventions related to child protection.
- Both the LIPs and the DCSs had capacity to support and promote positive parental/family care and child stimulation.

4.5.7 Household Economic Strengthening and Linkages

HES serves as a key entry point for the *Nilinde* activity due to its potential to facilitate access to other OVC services that collectively build the capacity of vulnerable households to mobilize and manage resources, thereby enabling the households to be self-sufficient.

The LIPs support for HES is either direct or through links with government line-ministry services or other service providers. Twenty-five interventions across the following nine service standards (linkages) were assessed: i) linkages with government service sector; ii) one-time asset transfers; iii) Savings Groups Plus (SG+) for youth and adults, iv) support for self-help groups, v) OVC linkages to health services, vi) OVC linkages to food and nutrition, vii) OVC linkages to education and vocational training, viii) OVC linkages to child protection, and ix) OVC linkages to PSS.

Table 24: Linkages to Government Service Sectors

Number of LIP organizations providing linkages to government service sectors				
	None	**Link with other service providers**	**Direct support**	**Both direct support & link with other service providers**
Linkages to:				
▪ Government OVC cash transfer program	10	2	0	0
▪ National Hospital Insurance Fund (NHIF) (Share M.O.U, enrolled numbers.)	6	5	1	0
▪ Social safety net programs such as Local	7	5	0	0

Number of LIP organizations providing linkages to government service sectors				
	None	Link with other service providers	Direct support	Both direct support & link with other service providers
▪ Authorities Trust Fund/CDF ▪ Youth Empowerment Centers	7	4	0	1

OVC Cash Transfer (OVC-CT) Program:
Local Implementing Partners: Only three LIPs (DSW, Beacon of Hope, and Hope Worldwide) are currently supporting linkages to OVC cash transfer (OVC-CT) programs.
Department of Children Services: All DCSs provide direct support for the OVC-CT program. Nairobi DCS implements the OVC-CT in 17 constituencies. Mombasa DCS implements it in 30 wards, Kilifi DCS in 35 wards, and Taita Taveta DCS implements the OVC-CT program in 35 locations.

National Hospital Insurance Fund (NHIF):
Local Implementing Partners: Six LIPs provide either direct support in acquiring National Hospital Insurance Fund services (as in the case of Beacon of Hope) link with other service providers (as in the case of DSW, Kadamwa CBO, Redeemed Integrated Development Agency, Hope Worldwide, and Youth Development Forum).
Department of Children Services: All DCSs provide linkages that provide access to national health insurance. Of note, Taita Taveta DCS is running a pilot project in Wundanyi where they've signed a memorandum of understanding with the National Social Protection Program.

Social safety net programs such as Local Authorities Trust Fund/CDF:
Local Implementing Partners: Five LIPs (DSW, Kadamwa CBO, Redeemed Integrated Development Agency, Hope Worldwide, and Youth Development Forum) link to social safety nets through other service providers.
Department of Children Services: All DCSs, except Nairobi, support linkages to social safety nets. Nairobi DCS supports linkages to the Presidential Bursary Scheme.

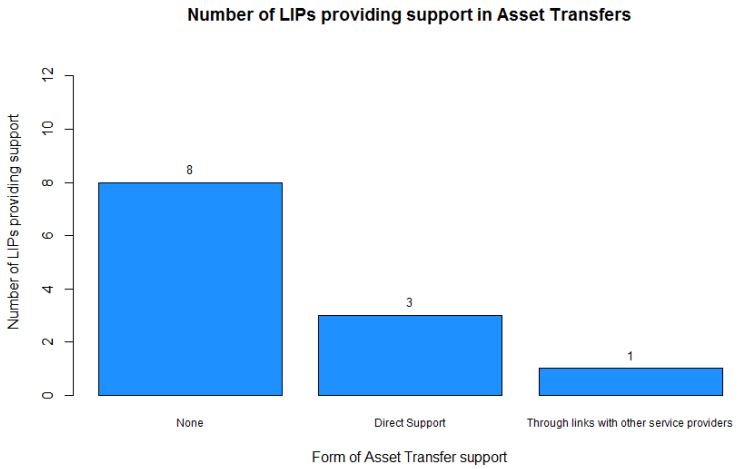
Youth Empowerment Centers:
Local Implementing Partners: Five LIPs (Caritas, DSW, Kadamwa CBO, Hope Worldwide, and Youth Development Forum) provide linkages to youth empowerment centers. Caritas provides both direct support and links with other service providers.
Department of Children Services: Only Kilifi DCS supports (through links with other service providers) youth empowerment centers.

Conclusion: There is a gap in the LIPs' capacity to link OVC and their households to existing government structures and mechanisms. This is more pronounced in linkages for the cash transfer program.

Provision of "One-time" Asset Transfer

Local Implementing Partners: Only four LIPs (Caritas, DSW, Hope Worldwide, and Kadamwa CBO) provide direct one-time asset transfers (such as pregnant goats for milk, hens for eggs) with Kadamwa via both direct support and links with other service providers.
Department of Children Services: Only Mombasa DCS provides one-time asset transfers to OVC and their households.

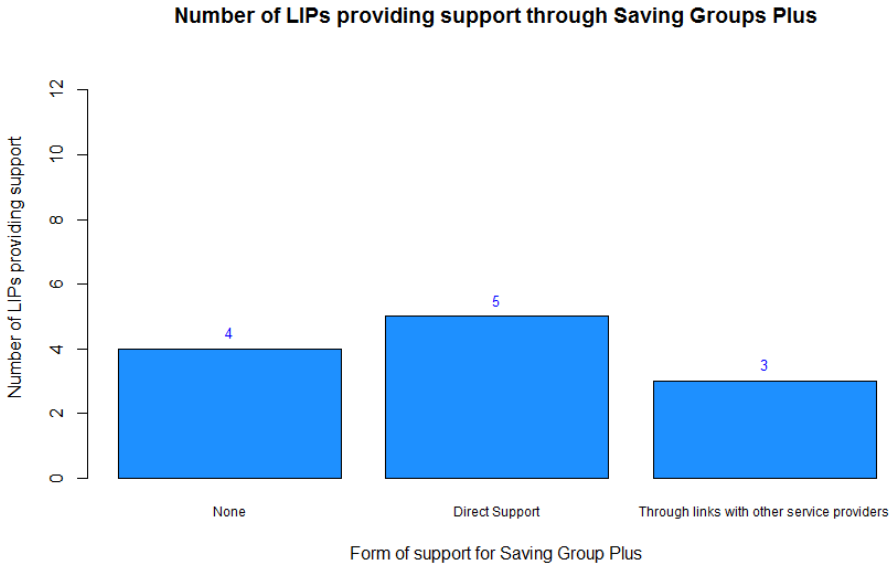
Figure 18: LIPs Providing Support through "One-Time" Asset Transfers



Savings Groups Plus (SG+):

Local Implementing Partners: Eight LIPs provide support through Savings Groups Plus (SG+) for youth and adults such as SILC, VSL, SACCOs, table banking, self-managed financial services including savings and loans, micro-insurance, and Most Vulnerable Children Funds. The figure below summarizes the number of LIPs providing support through savings groups.

Figure 19: LIPs Supporting Savings Groups Plus



Five LIPs (Caritas, DSW, Beacon of Hope, Kadamwa CBO, and Redeemed Integrated Development Agency) provide direct support through saving groups; while three LIPs (Hope Worldwide, MMAAK and Youth Development Forum) provide support through links with other service providers.

Department of Children Services: Only Kilifi and Taita Taveta DCSs promote or provide links to SG+ for youth and adults.

Support for self-help groups:
Local Implementing Partners: Half of the LIPs assessed provided no form of support to self-help groups. Three LIPs (Caritas, DSW and Redeemed Integrated Agency) provide direct support and another three (IECE, Hope Worldwide, and Youth Development Forum) provide support through other service providers.
Department of Children Services: Only Kilifi DCS provides support for self-help groups.

The table below summarizes gaps in other interventions geared toward the economic strengthening of OVC and their families.

Table 25: Analysis of Gaps in Strategies Related to Linkages to Food and Nutrition

Number of LIP organizations providing OVC linkages to food and nutrition	None	Link with other service providers	Direct support	Both direct support & link with other service providers
Food & nutrition				
▪ Training in agribusiness, value addition, and linkages to markets	7	2	2	0
▪ Form producer market groups or link with micro-consignment opportunities	7	3	1	0
▪ Promote family-focused approach to health and nutrition through linkages to ECD and school-based feeding	4	2	5	0

Department of Children Services: No DCSs provide OVC linkages for food and nutrition.

Table 26: Analysis of Gaps in Strategies Related to Linkages to Education and Health

Number of LIP organizations providing OVC linkages to education and health	None	Link with other service providers	Direct support	Both direct support & link with other service providers
Education & vocational training				
▪ Community-based enterprise development training—basic financial literacy	5	2	3	1
▪ Collaboration with existing education and training resources to create opportunities for OVC	3	2	5	1
Health Services				
▪ Track referrals of OVC and/or their household members to health facilities	3	4	3	1
▪ Monitor/follow up status of those referrals to ensure continuum of care	4	3	3	1

Department of Children Services: Only Kilifi and Taita Taveta DCSs provide linkages to health services (i.e., track referrals of OVC and/or their household members to health facilities and monitor/follow up the status of referrals to ensure continuum of care).

Kilifi and Nairobi DCSs provide all OVC educational and vocational training linkages (community-based enterprise development training as well as collaboration with existing education and training resources to create opportunities for OVC). Mombasa and Taita Taveta DCSs support only collaboration with existing education and training resources to create opportunities for OVC**.**

Table 27: Analysis of Gaps in Strategies Related to Linkage to Child Protection

Number of LIP organizations providing OVC linkages to child protection services				
	None	**Link with other service provider**	**Direct support**	**Both direct support & link with other service providers**
Child Protection				
▪ Assist with birth registration and legal identity cards	5	4	3	0
▪ Strengthening the linkage between the formal and the informal child protection systems	6	2	3	0
▪ Networking with other child protection organizations	4	2	5	0
▪ Linking with DCS to ensure grassroots implementation of child safeguarding policies	5	3	3	0
▪ Facilitate succession planning (e.g., inheritance, will writing)	8	0	3	1
▪ Link with the legal protection mechanisms for OVC through the provision of legal services	6	3	2	0
▪ Connect child-headed households with role models/mentors (home visit)	6	1	4	0
▪ Making referrals and follow ups on all PSS services	4	4	4	0

Department of Children Services: Only Kilifi and Mombasa DCSs provide all OVC linkages to child protection services (including linkage with CBOs/LIPs to ensure grassroots implementation of child safeguarding policies). Nairobi DCS provides all OVC linkages to child protection services except linkage with CBOs/LIPs to ensure grassroots implementation of child safeguarding policies. Taita Taveta DCS provides all such linkages except facilitating succession planning.

Conclusions

- Two-thirds of the assessed LIPs (Caritas, DSW, KWETU, IECE, Youth Initiative Kenya, St. Martins, MMAAK, and Youth Development Forum) have no capacity to implement interventions that relate to succession planning;
- A third of the LIPs (KWETU, Youth Initiative Kenya, St. Martins, and MMAAK) had no capacity to monitor/follow up on referrals provided for health services.
- Seven of the 12 LIPs (KWETU, Youth Initiative Kenya, Kadamwa CBO, Redeemed Integrated Development Authority, St. Martins, MMAAK, and Youth Development Forum) have no capacity to create or enable linkages to food and nutrition services, specifically in "training in agribusiness, value addition, and linkages to markets" and "forming producer market groups/link with micro-consignment opportunities."

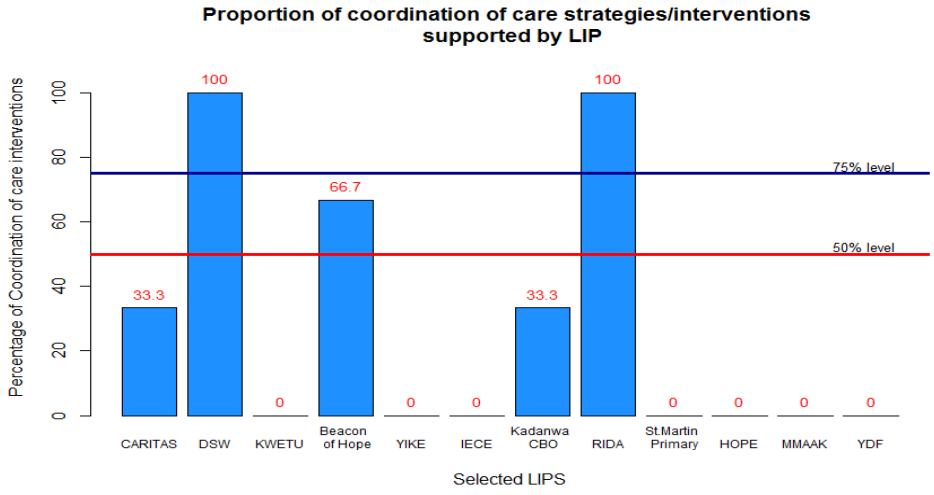
- Most of the LIPs are providing support through Savings Groups Plus (SG+) for youth and adults such as SILC, VSL, SACCOs, table banking, self-managed financial services including savings and loans, micro-insurance, and Most Vulnerable Children Funds.
- None of the four DCSs provide OVC linkages for food and nutrition.
- Kilifi DCS provides all OVC linkages to child protection and education and vocational training.

4.5.8 Coordination of Care

Assessment of capacity in this technical areas focused on three strategies/interventions that collectively define the organization's ability to establish and maintain a national directory of service providers for the care of OVC, informed by a local database.

Gaps in relation to the minimum coordination of care quality service standards
Local Implementing Partners:

Figure 20: Coordination of Care Strategies/Interventions Supported by LIPs



Seven LIPs (KWETU, Youth Initiative Kenya, IECE, St. Martins Primary, Hope Worldwide, MMAAK, and Youth Development Forum) are not providing any support related to coordination of care.

Five LIPs provide coordination of care interventions. Two (Caritas and Kadamwa CBO) had low compliance to minimum coordination of care quality service standards. Beacon of Hope had moderate compliance and two (DSW and Redeemed Integrated Development Agency) had high compliance to minimum coordination of care quality service standards.
A detailed analysis of gaps in each of the three strategies and interventions assessed are shown in Table 28.

Table 28: Analysis of Gaps in Strategies in Coordination and Care

Number of LIP organizations with the capacity to establish and maintain national directory of service providers for the care of the OVC informed by local level database			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Conduct local mapping of OVC services and service providers	5	7	12
▪ Ensure that the local database maintained by the organization is linked with county/national databases of all OVC services and service providers	2	10	12

Number of LIP organizations with the capacity to establish and maintain national directory of service providers for the care of the OVC informed by local level database			
Strategies/interventions	**With capacity**	**With no capacity**	**Total**
▪ Update service and service provider databases as needed	3	9	12

Department of Children Services: All DCSs conduct local mapping of OVC services and service providers. All DCSs ensure that their service and service provider databases are updated;[38] however, the DCSs do not have their local database linked with databases maintained by CBOs of all OVC services and service providers.

Conclusion: Seven of the LIPs (KWETU, Youth Initiative Kenya, IECE, St. Martins, Hope Worldwide, MMAAK, and Youth Development Forum) have no capacity to implement strategies or interventions to coordinate and care for OVC.

RECOMMENDATIONS

M&E–related performance indicators:

1. To create efficiency in the monitoring of M&E–related performance indicators for the *Nilinde* activity, PI should ensure that the existing information systems (OLMIS, CPMIS) are available at the LIP level and are synced at least at the county level. PI should also support the DCS monitoring systems to ensure continuity of support beyond the life of the project.

Compliance with OVC minimum services standards:

2. In light of the gaps noted in each technical area, PI should adopt the Minimum Service Standards for Quality Improvement of OVC Programming in Kenya as the gold standard for all *Nilinde* LIPs. Support to the county stakeholders should include capacity building to implement the minimum service standards.

Community mobilization to enhance psychosocial support for OVC:

3. PI and its LIPs should strengthen the on-going support and mentorship for caregivers and home visitors to enhance psychosocial support for OVC.

Child protection community-based response:

4. PI should provide support and promote training members of existing community structures such as AACs and VCOs in identifying, reporting, and investigating child rights abuses, as well as prosecuting the abusers.

Education and vocational training:

5. PI should design programs that sustain age-appropriate education and training for OVC, including school visits to monitor the age- and gender-appropriateness of efforts that promote educational progress of OVC.
6. PI should consider using Kilifi and Nairobi DCSs as case studies for documenting success factors for scale up of interventions in education and vocational training.
7. PI should strengthen the capacity of its LIPs to implement and scale up educational interventions.

[38] All DCS maintains the Child Protection Management Information System (CPMIS)

Food and nutritional support:

8. PI should consider using Nairobi and Kilifi DCSs as case studies for documenting success factors and designing strategies for scale up of implementation of food and nutrition interventions.

HIV prevention, treatment, care and support:

9. PI should support existing structures to enhance access to HIV prevention, care, and treatment. This should include formation of age-specific peer groups and promotion of HIV counseling and testing.
10. PI should build the capacity of LIPs to strengthen mechanisms to identify HIV-positive OVC and OVC at risk of HIV and link them to appropriate care and treatment services.
11. PI should build the capacity of LIPs to strengthen the existing curative services for OVC and their households by supporting mechanisms to refer sexually abused children to appropriate service providers for clinical and psychosocial management and follow-up.
12. PI should consider using Kilifi DCS as a case study for documenting success factors for scale up of health interventions.

Positive Parenting:

13. PI should promote programs that sustain positive parental/family care and child stimulation.

HES models/Linkage to other interventions:

14. PI should support its *Nilinde* LIPs in strengthening formal linkages to existing mechanisms of social protection (e.g., health fee waivers, OVC bursaries, government cash transfers), in addition to pursuing income-generating activities.
15. Since *Nilinde* has a family-centered approach to OVC programming, support for HES, especially income generation, should be preceded by an assessment of each household's geographic location and market viability of the implemented IGA in the region.
16. PI and its LIPs should provide technical assistance to the existing saving groups to ensure their sustainability.
17. PI should consider using the KWETU experience to design programs that support income generating activities for youth.

Support to DCSs:

18. Given the gaps noted in technical capacity at the county level, PI should assist the county DCSs to extend their role in OVC programming to go beyond advisory, coordination, and monitoring.
19. PI should consider using Kilifi DCS as a case study to inform the design of support structures for other DCSs.

ANNEXES

Annex 1: Statement of Objectives
Annex 2: LIP Capacity Assessment Tool
Annex 3: Additional Indicators for the Baseline Report (Illustrative)
Annex 4: DCS Capacity Assessment Tool
Annex 5: Reference sheet for assessment for Kenyan service standards and strategies for OVC technical capacity
Annex 6: Beacon of Hope (BOH) Organizational capacity assessment
Annex 7: Integrated Education for Community Empowerment (IECE) (Nairobi County)
Annex 8: Youth Initiatives Kenya (YIKE)
Annex 9: Movement of Men Against Aids (MMAA)
Annex 10: Youth Development Forum
Annex 11: HOPE Worldwide (HWW) Kenya
Annex 12: KADAMWA CBO
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Annex 14: Redeemed Integrated Development Agency
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Annex18: Capacity Assessment of Departments Of Children Services by county

Annex 1: Statement of Objectives

Baseline assessment for the Nairobi Coast OVC project, "Nilinde" USAID/Kenya and East Africa/Monitoring and Evaluation IDIQ **AI D-623-1-13-00001**

Statement of Objectives (SOO)

1. BACKGROUND

The purpose of *OVC Nilinde Program* is to implement OVC services that respond to the USAID/Kenya Mission Strategy, and build on local ownership in the context of Kenya's long-term blueprint the Vision 2030. It will contribute to the Mission's Country Development Cooperation Strategy (CDCS's Development Objective (DO) 2 "Health and Human Capacity Strengthened" aimed at improving the well- being of OVC, while also contributing to DO1 and DO 3 on devolution and sustainable growth to address the needs of most vulnerable and marginalized populations. These will be achieved by implementing three inter-linked outputs: 1) Increased access to health and social services for OVC and their families; 2) Capacity of households and community strengthened to protect and care for OVC; and 3) Strengthened child welfare and protection systems at the national level, and improved structures and services for effective responses in targeted counties. The program is fully funded by the U.S. Government's President's Emergency Plan for AIDS Relief (PEPFAR) and thus aligns with all related purposes, goals and guidance for PEPFAR OVC activities.

USAID has been implementing OVC activities for over ten years. *Nilinde* will build on the work of current OVC activities being implemented by the APHIA+ Nairobi/Coast program in the targeted counties. *Nilinde* will emphasize the use of evidence-based household economic strengthening (HES) models as an entry point to OVC households. The HIV pandemic affects the economic stability of families and the children in their care by interrupting income streams, depleting assets, introducing labor constraints and increasing dependency ratios.[1] Caregivers require economic strengthening and an increased ability to provide comprehensive care and support to improve the well-being children in their care. These activities aim to enable caregivers to provide for children under their care by initiating or expanding economic activities. This is an effort to keep children in their own communities, with extended family members. Food security is also an important element, as it is related to HES, especially the access and resilience dimensions, and also links with health and nutrition interventions.

It is estimated that 48 percent of Kenya's population is below the age of 18 years.[2] The recent Kenya AIDS Indicator Survey (KAIS)[3] estimated that there are over 2.6 million OVC. Of the total OVC population, 71 percent are orphans and 29 percent are vulnerable children. Of the orphans, 15 percent are double orphans and over one third is between 10 and 14 years of age. Among all the OVC, 8.3 percent have at least one parent who has HIV, or if deceased, was infected. In addition, among vulnerable children, 3.7 percent have at least one parent who is infected. According to a survey conducted by the National AIDS Control Council (NACC 2005)[4], about 45 percent of OVC (under 18 years of age) have lost a parent due to AIDS.

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[2] UNICEF Website

[3] Kenya AIDS Indicator Survey (KAIS); National AIDS Control Council 2005

[4] AIDS Education Prevention October 2007

There are an estimated 300,000 children living on the streets of major cities in Kenya, many of whom are likely to be orphans, given the high burden of orphan hood in the country.

Extended family systems that traditionally absorbed OVC are overstretched and under threat. Social and economic strains are further compounded by the impact of HIV/AIDS, which negatively affects caregivers' ability to provide for the basic needs of their children. Although children may remain in a family setting, the additional burden may exacerbate the economic situation of the household as OVC needs compete for limited resources for the family's basic needs and care. For instance, children of parents living with HIV become vulnerable long before the demise of their parents. Girls in particular assume caretaking responsibilities for their ailing siblings and parents. Children from these households may drop out of school, be separated from their siblings, and exposed to all forms of abuse, such as exploitation, sexual abuse and neglect, and suffer psychosocial trauma. They may also be deprived of their inheritance rights and are often forced to engage in exploitative activities to provide for their families.

II. NILINDE'S GEOGRAPHICAL SCOPE

Under *Nilinde program*, activities will be undertaken in Nairobi county and five other counties in the Coast region: Mombasa, Kwale, Kilifi, Taita Taveta and Lamu. They will build on current activities being implemented by APHIA+ Nairobi/Coast. A breakdown of the activities envisioned is outlined in the subsequent section on strategic implementation.

III. NILINDE'S BASELINE DATA REQUIRED

Output 1: Increased access to health and social services for OVC and their families

Output 1 Illustrative Performance Indicators:

- Percent increase in OVC school enrolment (by county)
- Percent increase in OVC school attendance (by county)
- Number of OVC who have progressed in school over time (by county)
- Number of older OVC who have acquired vocational and technical skills (by county)
- Percent of children under five fully immunized (by OVC, and by county)
- Proportion of OVC tested for HIV and status known by child/and or caregiver (by county)
- Percent increase in children with legal documents (by county)
- Percent of children who have at least one adult (above age 18) parent/caregiver with whom they co-reside
- Number of community and parent/caregiver-driven initiatives that support and demand quality health and education services (by county).
- Number of supported local OVC organizations that are able to plan, manage, and coordinate implementation

Output 2: Capacity of households and communities strengthened to protect and care for OVC

Output 2 Illustrative Performance Indicators

- Percent increase of OVC households able to access money to meet basic needs (by county)
- Percent increase in knowledge of caregivers involved in family strengthening activities (by county).
- Number of eligible households receiving social protection support (by county).
- Percent increase in knowledge among community members and groups on national child policy/standards and guidelines (by county).

Output 3: Strengthened child welfare and protection systems at national level, and improved structures and services for effective responses in targeted counties

Output 3 Illustrative Performance Indicators

- Percent increase in OVC service interventions implemented that are informed by evidence (by intervention, county).
- Percent increase in supported counties and LIPs that use data for decision making i.e., annual county planning and budgeting and service delivery to OVC (by county).
- Percent increase in OVC activities (e.g. FBOs; CBOs) that use data as a tool for advocacy.
- Number of LIPs aligned to county and national databases (by county, institution).
- Number of government offices and CSOs equipped and trained to utilize the database (by county, by agency.
- Number of evaluated HES models taken to scale (by type, county).

IV. EXPECTED RESULTS FOR NILINDE PROGRAM

By the end of the five-year performance period, *Nilinde program* is expected to achieve the following results:

- Systems for OVC welfare and protection, including inheritance, birth certificates & guardianship, strengthened.
- Capacity of the county Children Services Department and local partners (community and faith–based organizations) to deliver quality services strengthened. .
- The government's Management Information System for OVC supported.
- 75% of OVC below five years with a birth certificate up from a baseline of 45% in 2014.
- 85% of supported OVC children progressed in school during the last year.
- 85% of supported OVC < 5 are fully immunized.
- 85% of supported OVC < 15 whose primary caregiver knows the child's HIV status (up from a baseline of 40% in 2014).
- Economic capacity of 75% of OVC families/households improved to meet basic needs.

V. OBJECTIVE/SCOPE OF EFFORT

The purpose of this SOO is to conduct a baseline assessment for the newly awarded OVC *Nilinde Program*. Results from the baseline assessment will be used to set baseline targets and yearly targets for the *Nilinde program.* Apart from being used in target setting for the program, USAID Kenya and East Africa together with OVC key stakeholders for every county will use results in developing County Results Accountability Framework for assessing the progress that counties are making towards the achievement of the expected results. This framework will be used by USAID Kenya and East Africa in demonstrating its contribution to both county and national level expected outcomes for the OVC programming. All future outcome evaluations for the OVC programs in the targeted counties will also rely on the baseline assessment results in determining the achievement of various projects. IBTCI is requested to submit a proposal that details out how this baseline assessment will be planned, conducted and results reported through a broad-based OVC stakeholders' participation within *Nilinde's* targeted counties in Kenya. USAID Kenya and East Africa is seeking support in the following areas:

a) OVC Stakeholders Mapping & Support Framework, to include:
   i) Names;
   ii) Geographical coverage such as sub-county, ward;
   iii) Targeted number of OVC households by geographic coverage;

iv) Life of support/planned years of support;
v) Level of investments in $$; and
vi) Technical areas of support in OVC programming

b) Baseline Assessment
   i) Detail sampling technique; over sampling in Nairobi, Mombasa and Kilifi.
   ii) Detail baseline assessment methodology;

c) OVC Stakeholders Baseline Assessment Validation Meeting, to include:
   i) Facilitation of two (2) stakeholders meeting to validate and finalize baseline values for every county, one in Nairobi and the other in Mombasa for counties in Coastal region.

VI. TASKS/DELIVERABLES

a) Proposal on how to implement this activity

The proposal should demonstrate and/or include the following:

- Statistical sampling plan and methodology to be used to identify OVC households that will participate in the baseline assessment. The methodology must include:
  - Percentage and number of households that are deemed statistically significant especially in Nairobi, Mombasa and Kilifi;
  - Methodology used to determine/select OVC households who should participate in order to ensure that the sample is representative;
  - Methodology for assessing the institutional capacity of County Children Department Offices
  - Names and/or the expected expertise of the consultants that will be recruited to complete this activity.
- All primary source data, both quantitative and qualitative, generated during the course of baseline assessment shall be provided to USAID in an electronic file in an easily readable format; organized and fully documented for use by those not fully familiar with the activity or the assessment. In addition, all background documents collected by MSI for this evaluation shall be provide to USAID on CDs, organized by implementing mechanism, along with the final report

VII. PARTICIPATION

Nilinde program staff as well as USAID staff will participate in the baseline assessment fieldwork. OVC county stakeholders will also participate in the data collection, analysis and validation of baseline assessment results.

[END OF SECTION C]

Annex 2: LIP Capacity Assessment Tool

OVC BASELINE ASSESSMENT FOR THE NILINDE ACTIVITY

ORGANIZATIONAL CAPACITY ASSSESSMENT TOOL (OCAT) FOR LOCAL IMPLEMENTING PARTNERS (LIPs)

A. NAME OF CAPACITY ASSESSOR	
B. DATE(S) CAPACITY ASSESSMENT CONDUCTED	
C. REVIEW/APPROVAL BY SUB-TEAM LEADER (STL):	• SUB-TEAM LEADER'S NAME: • DATE REVIEWED: • SUB-TEAM LEADER'S SIGNATURE:

About This Tool

This Organizational Capacity Assessment Tool (OCAT) has been adapted for use with community-based organizations (CBOs) and faith-based organizations (FBOs) who have been selected as local implementing partners (LIPs) for the USAID/Kenya-funded *Nilinde* Project in Nairobi and the Coast.

The tool, which is aligned with the service delivery areas and minimum standards outlined in the Government of Kenya's *Minimum Service Standards for Orphans and Vulnerable Children (OVC) Programs*, provides a rapid assessment of general institutional development issues and in-depth assessment of the program areas outlined in Kenya's minimum service package for OVC.

To elucidate USAID and *Nilinde* implementing partners on key reasons why LIPs have not adopted particular service standards, the OCAT documents the following gaps for each OVC program area:

"Know" =	**Organization is not aware/knowledgeable of the service standard/strategy**
"Staff" =	**Organization has insufficient staff to implement the service/strategy**
"Train" =	**Organization has staff but they are not trained in the service/strategy**
"Fund" =	**Organization has insufficient funds (or suboptimal resource allocation) to implement the service/strategy**

The OCAT will also generate data related to the following *Nilinde* project performance indicators:

Output 1 indicators:

- Number of supported local OVC organizations that are able to plan, manage, and coordinate implementation

Output 3 indicators:

- Percentage increase in OVC service interventions implemented that are informed by evidence (by intervention, county)
- Percentage increase in supported counties and LIPs that use data for decision making (i.e., annual county planning and budgeting and service delivery to OVC (by county)
- Percentage increase in OVC [organizations] (e.g. FBOs; CBOs) that use date as a tool for advocacy (by county and LIP type)
- Number of LIPs aligned to county and national databases (by county, LIP)
- Number of government offices and CSOs equipped and trained to utilize the database (by county and agency)
- Number of evaluated HES models taken to scale (by type and county).

The Annex includes an illustrative list of other indicators that will be gleaned from the *Nilinde* OCAT and presented in the baseline report.

Contents

Checklist of Key Documents to Facilitate Completing the OCAT

The OCAT is not based solely on verbally reported information; it requires verifying evidence. Assessors are advised to request each organization to organize any existing documents such as the following to facilitate the assessment process. Organizing those documents in advance of the assessment visit is strongly encouraged.

- ☐ Vision statement; mission statement
- ☐ Organizational chart or description of the staffing patterns
- ☐ Recent board meeting minutes
- ☐ Strategic plan
- ☐ Work plan/plans
- ☐ Monitoring and Evaluation (M&E) Plan
- ☐ Quarterly budgets for the past one year
- ☐ Recent audit report
- ☐ Organization's financial policies and procedures manual
- ☐ Financial report and Financial monitoring tools
- ☐ Procurement policies, plans and files; payment vouchers, approvals
- ☐ Progress Technical reports-quarterly /annual
  1. Evaluation reports
  2. Donor feedback on reports

I. ORGANIZATIONAL PROFILE

1. Name of the organization		
2. Year of registration		
3. County of operation		
4. Type of organization (Circle One)	1.	Non-governmental organization (NGO)
	2.	Community-based organization (CBO)
	3.	Faith-based organization (FBO)
	4.	PLWHA support group
	5.	Self-help group/Association
	6.	Other (specify) _____
5. Total number of sub-counties covered by the organization (including but not limited to those covered by the *Nilinde* project)		
6. Total number of wards covered by the organization (including but not limited to those covered by the *Nilinde* project)		
7. Total number of wards where the organization will be implementing *Nilinde* project activities		
8. Number of vulnerable households served by the organization in the past 12 months		
9. Number of orphans and vulnerable children (OVC) served by the organization in the past 12 months		
10. Forms of OVC support provided by the organization *(Circle all that apply)*	A.	Food & nutrition
	B.	Health
	C.	Education & vocational training
	D.	Psychosocial support
	E.	Shelter and care

	F.	Child protection
	G.	Household economic strengthening
	H.	Coordination of care
	I.	Capacity building
	J.	OTHER (Specify): _____
11. Total operating budget (in KSH) for the current financial year {*SPECIFY Start and End month for the organization's financial year, e.g., July 2015-June 2016*}		
12. Total number of FULL-TIME staff working for the organization		
13. Total number of PART-TIME staff working for the organization		
14. Total number of VOLUNTEERS working for the organization		
15. Total number of staff whose salaries are/will be supported using *Nilinde* project funds		

16. **CONTACT DETAILS FOR THE ORGANIZATION**:

a. Name of primary point of contact:

b. Position of primary point of contact:

c. Organization's physical address:

d. Organization's mailing address:

e. Telephone number(s):

f. Email address:

g. Website/URL:

II. GENERAL ASSESSMENT OF INSTITUTIONAL DEVELOPMENT

ITEM	STATUS AT THE TIME OF THE BASELINE CAPACITY ASSESSMENT				REMARKS
	(0) NO (Does not exist)	(1) YES, but not seen/verified	(2) YES, seen/verified	(9) NOT APPLICABLE	
A. GOVERNANCE					
1. Does the organization have an organizational chart with all staff positions?					
2. Does the organization have written vision and mission statements?					
3. Does the organization have a written constitution or bylaws?					
4. Does the organization have a board/executive committee?					
ADDITIONAL NOTES ON GOVERNANCE:					
B. PLANNING					
5. Does the organization have a current, written strategic plan?					

ITEM	STATUS AT THE TIME OF THE BASELINE CAPACITY ASSESSMENT				REMARKS
	(0) NO (Does not exist)	(1) YES, but not seen/verified	(2) YES, seen/verified	(9) NOT APPLICABLE	
6. Does the organization have a current annual work plan?					
7. Is the annual work plan costed?					
ADDITIONAL NOTES ON PLANNING:					
C. FINANCE					
8. Does the organization have a full-time Finance Manager/Officer?					
9. Does the organization have at least one bank account registered in the organization's name?					
10. Does the organization have a written finance policy and procedures?					
11. Has the organization ever received international donor funding (e.g., Global Fund, USAID, DFID, UN, sub-grants from international NGOs, etc.)?					
12. Does the organization receive any in-kind support (e.g., office space or equipment, materials, supplies)?					
13. Has the organization undergone any kind					

ITEM	STATUS AT THE TIME OF THE BASELINE CAPACITY ASSESSMENT				REMARKS	
	(0) NO (Does not exist)	(1) YES, but not seen/verified	(2) YES, seen/verified	(9) NOT APPLICABLE		
of financial audit in the last two years?						
14. Does the organization maintain income/funding and expenditure records?						
15. Does the organization have a written procurement policy and procedures?						
16. Is there more than one signatory authority, with clear authorization limits?						
ADDITIONAL NOTES ON FINANCE:						
D. GRANTS MANAGEMENT						
17. Does the organization develop and submit proposals for funding?						
18. Has the organization received funding for at least one successful proposal in the last two years?						
19. Does the organization produce financial reports for donors?						
20. Besides the *Nilinde* project, are there other active donor projects?						
21. Record details on all active projects, including *Nilinde*, in the space	***Project description***			***Donor***	***Project start/ end dates***	***Budget*** *(specify KSH or USD)*

ITEM	STATUS AT THE TIME OF THE BASELINE CAPACITY ASSESSMENT				REMARKS	
	(0) NO (Does not exist)	(1) YES, but not seen/verified	(2) YES, seen/verified	(9) NOT APPLICABLE		
provided.						
ADDITIONAL NOTES ON GRANTS MANAGEMENT:						
E. ADMINISTRATION AND HUMAN RESOURCES						
22. Does the organization have its own child protection policy?						
23. Does the organization have a written Human Resource (HR) manual?						
24. Does the organization have written job descriptions for all positions?						
25. Does the organization currently have any						

ITEM	STATUS AT THE TIME OF THE BASELINE CAPACITY ASSESSMENT				REMARKS
	(0) NO (Does not exist)	(1) YES, but not seen/verified	(2) YES, seen/verified	(9) NOT APPLICABLE	
unfilled/vacant staff positions in the organogram?					
26. Does the organization have a physical office space equipped with office furniture?					
27. Does the organization have at least one working computer and printer?					
28. Does the organization usually experience power shortages during the course of the week?					
29. Do all key positions within the organization have regular access to the internet?					
ADDITIONAL NOTES ON ADMINISTRATION AND HUMAN RESOURCES:					

III. ASSESSMENT OF TECHNICAL CAPACITY

A. Food and Nutrition

The following are used in the table to highlight key reasons why the LIP is not pursuing particular service standards:

Know = Organization is not aware/knowledgeable of the service/strategy
Staff = Organization has insufficient staff to implement this service/strategy
Train = Organization has staff but they are not trained in this service/strategy

Fund = Organization has insufficient funds (or suboptimal resource allocation) to implement the service/strategy

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
1. Does the organization conduct on-going assessment of the target community's food and nutrition needs?	a. Organizing **forums** to discuss and gauge the **community's food and nutrition needs**							
	b. **Mobilizing and sensitizing the community** on the importance of proper food and nutrition							
	c. Conducting on-going **household needs assessments** from a representative sampling of households							
	d. Establishing **feedback mechanisms** within the community to monitor the community's needs							
2. Does the organization conduct mapping and linking of stakeholders and resources available for food and nutrition support?	a. Conducting **mapping**							
	ISSUES RELATED TO LINKAGES ARE EXPLORED IN THE HES AND LINKAGES SECTION OF THE TOOL AND THEREFORE ARE NOT INCLUDED IN THIS TABLE.							
3. Does the organization promote knowledge on nutrition for OVC, their households and the community?	a. Establishing **mechanisms to promote good nutritional practices** among OVC and their families							
	b. Educating and creating community awareness on nutrition through use of media, public meetings and information sessions							
4. Does the organization provide targeted food and nutrition interventions for OVC and their households?	a. Providing **food support** for OVC households without access to adequate food supplies							
	b. Enabling OVC households to access micronutrient supplementation							
	c. Creating linkages and referrals systems for OVC requiring specialized or emergency food and nutrition support							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
5. Does the organization aid in increasing access to nutritious food by OVC and their households?	a. Encouraging OVC and their households to diversify food production							
	b. Linking OVC and their households to livelihoods programs							
	c. Building OVC and their household capacity on proper food production, storage and preservation							

B. Education and Vocational Training

The following are used in the table to highlight key reasons why the LIP is not pursuing particular service standards:

Know = Organization is not aware/knowledgeable of the service/strategy
Staff = Organization has insufficient staff to implement this service/strategy
Train = Organization has staff but they are not trained in this service/strategy
Fund = Organization has insufficient funds (or suboptimal resource allocation) to implement the service/strategy

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
1. Which of the following forms of OVC education support does your organization offer?	a. Ensuring a safe school environment primary education completion							
	b. Promoting access to (ECD) programs							
	c. Creating child-friendly and HIV/AIDS discrimination and gender-sensitive classrooms							
	d. Strengthening community- school relationships							
	e. The transition for girls from primary to secondary school							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
	f. Market-driven vocational training							
2. Does the organization develop and implement appropriate mechanisms that address educational barriers?	a. Holding community forums with stakeholders to identify OVC who do not attend school and document reasons for non-attendance							
	b. Collecting data on household and other barriers to education							
	c. Conducting site visits to schools to monitor OVC attendance							
3. Does the organization ensure non-discriminatory, comprehensive education and training to OVC?	a. Visiting schools to monitor age- and gender-appropriateness of efforts that promote educational progress of OVC							
	b. Develop written agreements with participating schools and institutions creating clear roles and responsibilities in provision of education and training support for OVC							
	c. Involving OVC, caregivers and other stakeholders in conducting a market assessment to inform vocational training opportunities for OVC							
	d. Establishing referral mechanisms to ensure appropriate, comprehensive and continued educational and vocational support to OVC							
4. Does the organization mobilize and sensitize the community, especially key stakeholders, to support age-appropriate education and training for OVC?	a. Encouraging education and training institutions to enhance their support for continuity of education for OVC							
	b. Holding meetings with community members to create awareness of the educational needs and rights of OVC							
	c. Discuss the importance of education							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
	with OVC and the members of their households, especially caregivers and emphasis the importance of educating both boys and girls equally							

C. Health

The following are used in the table to highlight key reasons why the LIP is not pursuing particular service standards:

Know = Organization is not aware/knowledgeable of the service/strategy
Staff = Organization has insufficient staff to implement this service/strategy
Train = Organization has staff but they are not trained in this service/strategy
Fund = Organization has insufficient funds (or suboptimal resource allocation) to implement the service/strategy

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
1. Does the organization aid in assessing the health needs, services and costs for OVC and their households?	a. Identifying common health problems in the community							
	b. Developing an assessment tool and using it to identify and assess the health needs of OVC and their households							
2. Does the organization enhance access to HIV prevention, treatment, care and support for OVC through the following?	a. Training service providers on HIV prevention, behavior change communication, life skills and adolescent sexual reproductive health							
	b. Promoting HIV counseling and testing for OVC, in partnership with the Ministry of Health							
	c. Formation of age-specific peer clubs							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
	d. Providing treatment literacy and ART adherence support interventions to community health workers, caregivers and HIV+ OVC							
	e. Formation of HIV support groups							
	f. Collaborating with other HIV prevention programs to create age-specific messages							
	g. Identifying HIV-positive OVC and OVC at risk of HIV and linking them to appropriate care and treatment services							
3. Does the organization aid in prevention of childhood illness in OVC, as per the Kenya Essential Package for Health (KEPH)?	a. Educating and sensitizing parents, caregivers, and older OVC on health prevention/promotion needs of OVC							
	b. Sensitizing CHVs and OVC committee members on the health prevention/promotion needs of OVC							
4. Does the organization enhance access to appropriate curative services for OVC and their households through	a. Training community health workers and caregivers on addressing curative health needs of OVC							
	b. Referring sexually abused children to the MOH or other appropriate service providers for clinical and psychosocial management and follow-up to ensure service is provided							
5. Does the organization promote safe water,	a. Conducting household assessments to determine the							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
hygiene and sanitation practices in their target communities and in OVC households	current access to safe water and sanitation practices							
	b. Conducting community education on use of safe practices, including handwashing with soap, use of latrines, boiling drinking water and proper waste disposal							
	c. Creating access points to safe and clean water for OVC and their households							
	d. Discuss with the girl OVC and their caregivers about proper female hygiene during menstruation							

D. Psychosocial Support

The following are used in the table to highlight key reasons why the LIP is not pursuing particular service standards:

Know = Organization is not aware/knowledgeable of the service standard/strategy
Staff = Organization has insufficient staff to implement this service/strategy
Train = Organization has staff but they are not trained in this service/strategy
Fund = Organization has insufficient funds (or suboptimal resource allocation) to implement the service/strategy

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
1. Does the organization conduct community mobilization and sensitization activities to create awareness of psychosocial needs of OVC and their households through the following?	a. Participating in community forums, including national and international days, to inform the community on Psychosocial Support Services (PSS) for care on OVC							
	b. Providing guidance to							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
	community health workers, service providers and caregivers on provision of PSS to OVC							
	c. Conducting participatory PSS awareness and education sessions for the community, particularly in schools, clinics and other places frequented by OVC							
2. Does the organization build the capacity of OVC to recognize, understand, meet and obtain their PSS needs through the following?	a. Providing platforms for OVC to express their needs and ideas, and documenting their responses in order to find relevant support services							
	b. Distributing information and ensuring OVC know where and how to access PSS services							
	c. Formation of peer PSS groups through schools or community							
3. Does the organization strengthen community and household capacities to provide PSS to OVC and their caregivers?	a. Conducting PSS needs assessment among community PSS providers to identify gaps and determining training needs							
	b. Creating an inventory of current PSS providers which could be useful in working with OVC							
	c. Providing on-going support and mentorship for caregivers and home visitors engaged in provision of PSS							

E. Child Protection

The following are used in the table to highlight key reasons why the LIP is not pursuing particular service standards:

Know = Organization is not aware/knowledgeable of the service standard/strategy
Staff = Organization has insufficient staff to implement this service/strategy
Train = Organization has staff but they are not trained in this service/strategy
Fund = Organization has insufficient funds (or suboptimal resource allocation) to implement the service/strategy

***NOTE TO ASSESSORS: A number of child protection linkages are explored in the HES and Linkages section of this tool. As a result, they are not included in the following table on child protection.

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
1. What is the organization's capacity to educate OVC, caregivers and the target communities on child rights, responsibilities and child protection?	a. Promoting **succession planning** in OVC households (inheritance, will writing, memory books).							
	b. **Educating caregivers and stakeholders** on their roles in child protection.							
	c. Holding **forums** to sensitize the community and OVC on **gender-based violence prevention** and what action to take if GBV is observed or suspected.							
	d. **Training** children and stakeholders **on child rights**.							
2. What is the organization's capacity to strengthen the capacity of households and local community structures to enhance OVC protection and maximize utilization of available resources?	a. Facilitating **alternative family care for OVC** in need of care and protection (safe places etc.).							
	b. Training caregivers on how to **recognize signs of abuse**.							
	c. Educating the caregivers on their roles in **holding protection services accountable to children**.							
	d. Training members of existing **community structures** such as							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
	AAC, Volunteer Children's Officers **in identifying, reporting and investigating** child rights **abuses.**							
	e. **Knowledge of Childline** Services for reporting cases of child abuse.							
3. What is the organization's capacity to support the OVC and caregivers to participate in matters affecting them?	a. Ensuring **children know how to report an abuse and find protection** services.							
	b. Establishing **mechanisms**, such as children advisory groups, **to support children's participation** in protection.							
	c. **Disseminating national guidelines on child participation** through forums and community events.							
4. What is the organization's capacity to strengthen partnerships and linkages to ensure case management, law enforcement and appropriate referrals and monitoring systems?	a. **Keeping track of existing child protection service** providers at points of service delivery.							
5. What is the organization's capacity to support OVC with special needs e.g. disability?	a. **Link OVC with special needs** to **social safety nets**.							
	b. Link OVC with special needs to **rehabilitative/ reintegration services**.							
	c. **Provide services/support** to address their disability needs.							
6. What is the organization's capacity to support highly vulnerable OVC households to benefit from	*LINKAGES TO SOCIAL SUPPORT MECHANISMS SUCH AS BURSARIES, NHIF, AND CASH TRANSFERS ARE DOCUMENTED IN THE HES AND LINKAGES SECTION OF*							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
social support services?	*THE TOOL.*							
7. What is the organization's capacity to promote positive parental/family care and child stimulation?	a. Sensitize parents/caregivers on **positive parenting**.							
	ISSUES SUCH AS PSS AND ECD ARE ASSESSED IN OTHER SECTIONS OF THE TOOL.							
	b. Organize **fun/play days** for OVC							

F. Household Economic Strengthening (HES) and Linkages

Name the main household economic strengthening (HES) strategies that are implemented by the organization (can include multiple responses); specify the geographic coverage

Household Economic Strengthening (HES)	☐ No	☐ Yes		**If yes, note the no. of wards**
		Link with other service providers	**Direct support**	
1. **Linkages with Government service sector** The organization provides linkage to the following:				
a. To government OVC Cash Transfer Program (OVC-CT)				
b. To National Hospital Insurance Fund (NHIF) (Share M.O.U, enrolled nos.)				
c. To social safety net programs such as Local Authorities Trust Fund/CDF				
d. Youth Empowerment Centers				
2. Provide one-time asset transfer (i.e., pregnant goats for milk, hens for eggs)				
3. **Savings Groups Plus** (SG+) for youth and adults (self-managed financial services including savings and loans, micro-insurance, and Most Vulnerable Children Funds)				
4. Support **self-help groups**				
5. OVC Linkages to Health services a. **Track referrals** of OVC and/or their household members to health facilities				
b. Monitor/follow up status of those referrals to ensure continuum of care				
6. OVC Linkages to Food and Nutrition a. Training in agribusiness and linkages to markets				
b. Form producer market groups or link with micro-consignment opportunities				
c. Promote family-focused approach to health and nutrition through linkages to ECD and school-based feeding				

7. OVC Linkages to Education & Vocational Training				
a. Community-Based Enterprise Development training—Basic financial literacy)				
b. Collaboration with the existing education and training resources to create opportunities for OVC				
8. OVC Linkages to Child protection a. Assist with birth registration and legal identity cards				
b. Strengthening the linkage between the formal and the informal child protection systems				
c. Networking with other child protection organizations				
d. Linking with Department of Children's Services to ensure grassroots implementation of child safeguarding policies				
e. Facilitate succession planning (e.g., inheritance, will writing)				
f. Are any of the organization's staff members of the local Area Advisory Council (AAC)?				
a. Link with the legal protection mechanisms for OVC through the provision of legal services				
9. OVC Linkages to Psychosocial Support Services (PSS) a. Connect child-headed households with role models/mentors (Home visit)				
b. Making referrals and follow ups on all PSS services				
c. Others specify: _____				

G. Shelter and Care

The following are used in the table to highlight key reasons why the LIP is not pursuing particular service standards:

Know = Organization is not aware/knowledgeable of the service standard/strategy
Staff = Organization has insufficient staff to implement this service/strategy
Train = Organization has staff but they are not trained in this service/strategy
Fund = Organization has insufficient funds (or suboptimal resource allocation) to implement the service/strategy

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
1. What is the organization's capacity to conduct household needs assessments to determine and support appropriate community shelter and care initiatives for OVC households?	a. Identifying **knowledge, skills and attitude gaps related to shelter and care** provision for OVC households							
	b. Periodically **monitoring progress** on improved shelter and care in identified households							
2. What is the organization's capacity to link stakeholders to resources available to support OVC shelter and care?	a. Keeping an **inventory of services and resources** to provide shelter and care support to OVC and their families							
	b. Hold and participate in **consultative meetings with stakeholders** to determine **mechanisms** and procedures for providing OVC shelter and care							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
3. What is the organization's capacity to sensitize the community and households on the importance of OVC receiving regular and loving care from adults?	a. Holding community sensitization meetings to **reduce stigmatization** of OVC							
	THE CHILD PROTECTION SECTION OF THIS TOOL COVERED OTHER DIMENSIONS OF POSITIVE PARENTING.							
	b. Conducting regular monitoring of OVC family/living environment to ensure the OVC are being properly cared for							
	c. Facilitating after-care services that enable OVC to be integrated into the community							
4. What is the organization's capacity to facilitate community and stakeholders implementation of shelter initiatives to support OVC households?	a. Provide training on basic **skills to construct and maintain shelters**							
	b. Train OVC and caregivers with knowledge and skills on the needs of OVC regarding shelter, including **safe structure, clean toilet facilities**							

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
	c. Establish **linkages** with income-generating activities, religious organizations and community groups to help maintain shelter for OVC							
	d. Mobilize community members to commit funds and/or support for the renovation of needy OVC households							

H. Coordination of Care

The following are used in the table to highlight key reasons why the LIP is not pursuing particular service standards:

Know = Organization is not aware/knowledgeable of the service standard/strategy
Staff = Organization has insufficient staff to implement this service/strategy
Train = Organization has staff but they are not trained in this service/strategy
Fund = Organization has insufficient funds (or suboptimal resource allocation) to implement the service/strategy

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT						
		YES	IF YES, verifying evidence	NO	IF NO, why?			
					Know	Staff	Train	Fund
1. What is the organization's capacity to establish and maintain national directory of service providers for the care of the OVC informed by local level database?	a. Conduct local **mapping** of OVC services and service providers							
	b. Ensure that the **local database** maintained by the organization is **linked with county/national databases** of all OVC services and service providers							
	c. Update service and service provider databases as needed							
2. What is the organization's capacity to Establish and strengthen new coordination units for the integration and harmonization of OVC service provision at all levels to avoid duplication and encourage prudent utilization of resources?	THIS THEME IS EXPLORED IN THE DEPARTMENT OF CHILDREN'S SERVICES VERSION OF THE OCAT. SKIP THIS QUESTION WHEN ASSESSING LIPs.							

I. Monitoring, Evaluation and Knowledge Management

KENYAN SERVICE STANDARD	CORE ASPECT OF CAPACITY	YES	NO	COMMENTS
M & E Focal Person 1. Does the organization have human resources for M&E?	a. There is **at least one staff person** responsible for M&E.			
	b. There are **written job descriptions for all M&E staff**.			
	c. M&E staff have **training or formal education in M&E** (or M&E related disciplines such as statistics, information systems)			
	d. The organization has a clear **plan to strengthen the M&E capacity** of its staff.			
	e. There is M&E-related, in-service **training and mentoring** of staff			
M&E Plan **2.** Does the organization have a monitoring and evaluation plan?	a. The organization has a **written M&E plan**.			
	b. The M&E plan is **linked to** the organization's **strategic plan**.			
	c. The M&E plan **includes measurable OVC-related indicators**.			
Data Collection and Data Management **3.** Does the organization collect routine data as stipulated in the M&E plan?	a. The organization has **data collection tools** to capture OVC data.			
	b. The organization has **standard reporting formats** to summarize and present OVC data.			
	c. The organization has documented **data flow** between implementation level and management level.			
Evaluation **4.** Does the Organization evaluate its OVC activities?	a. The organization's **OVC program activities have been evaluate**d within the past two years			
	b. Through linkages/partnerships with other entities, the organization has access to evaluation expertise, when needed.			
	c. The organization **has presented findings or results from its programs** at meetings, conferences or forum for dissemination within the past two years.			

KENYAN SERVICE STANDARD	CORE ASPECT OF CAPACITY	YES	NO	COMMENTS
Data Quality Assurance 5. Does the organization conduct Supervision data quality assessment or audit?	a. There are mechanisms to check the **accuracy of the organization's OVC data**.			
	b. **Routine supervision** of program activities **includes data review**.			

J. Knowledge Management/Learning

SERVICE STANDARD	CORE ASPECT OF CAPACITY	YES	NO	COMMENT
1. Does the organization use a database to support its implementation and M&E of OVC activities?	a. The organization maintains an OVC Longitudinal Management Information System (OLMIS) database.			
	b. IF YES: Does the organization's OLMIS link to the county/national OLMIS database?			
	c. The organization maintains a Child Protection Management Information System (CPMIS) database.			
	d. IF YES: Does the organization's CPMIS link to the county/national CPMIS database?			
2. Does the organization have capacity related to data reporting and use?	a. Does the organization produce program reports?			
	b. IF YES: Does the organization produce those reports at least on a quarterly basis?			
	c. Who are the recipients of your OVC reports?			
	• Ministry of Health			
	• Ministry of Education			
	• Children's Department/MOGSD			
	• Other Government ministries (Specify in remarks column)			
	• Donors (international or local)			
	c. Does the organization receive feedback on any of the reports submitted to the above entities?			
3. Does the organization have the capacity to identify and document learning and promising/best practices?	a. Has the organization ever written a case study or documented a success story on a particular OVC or OVC caregiver/household (or group of OVC/OVC households)?			
	b. Does the organization share its learning or best practices with other CBOs/FBOs? (Specify forum in remarks column)			

4. How is the organization using its evidence to improve and/or inform its work?	a. What information or data does the organization use to target OVC and their households in the community?	
	b. How does the organization use data to improve its existing work (interventions)?	

Annex 3: Additional Indicators for the Baseline Report (Illustrative)

LOW ADHERENCE TO OVC MINIMUM SERVICE STANDARDS	MODERATE ADHERENCE TO OVC SERVICE STANDARDS	HIGH ADHERENCE TO OVC SERVICE STANDARDS
• Number/percentage of LIPs meeting **<50%** of the minimum service standards for food and nutrition	• Number/percentage of LIPs meeting **50-75%** of the minimum service standards for food and nutrition	• Number/percentage of LIPs meeting **more than 75%** of the minimum service standards for food and nutrition
• Number/percentage of LIPs meeting **<50%** of the minimum service standards for education and vocational training	• Number/percentage of LIPs meeting **50-75%** of the minimum service standards for education and vocational training	• Number/percentage of LIPs meeting **more than 75%** of the minimum service standards for education and vocational training
• Number/percentage of LIPs meeting **<50%** of the minimum service standards for health	• Number/percentage of LIPs meeting **50-75%** of the minimum service standards for health	• Number/percentage of LIPs meeting **more than 75%** of the minimum service standards for health
• Number/percentage of LIPs meeting **<50%** of the minimum service standards for child protection	• Number/percentage of LIPs meeting **50-75%** of the minimum service standards for child protection	• Number/percentage of LIPs meeting **more than 75%** of the minimum service standards for child protection
• Number/percentage of LIPs meeting **<50%** of the minimum service standards for psychosocial support services (PSS)	• Number/percentage of LIPs meeting **50-75%** of the minimum service standards for PSS	• Number/percentage of LIPs meeting **more than 75%** of the minimum service standards for PSS
• Number/percentage of LIPs meeting **<50%** of the minimum service standards for household economic strengthening (HES)	• Number/percentage of LIPs meeting **50-75%** of the minimum service standards for HES	• Number/percentage of LIPs meeting **more than 75%** of the minimum service standards for HES
• Number/percentage of LIPs meeting **<50%** of the minimum service standards for shelter and care	• Number/percentage of LIPs meeting **50-75%** of the minimum service standards for shelter and care	• Number/percentage of LIPs meeting **more than 75%** of the minimum service standards for shelter and care
• Number/percentage of LIPs meeting **<50%** of the minimum service standards for coordination of care	• Number/percentage of LIPs meeting **50-75%** of the minimum service standards for coordination of care	• Number/percentage of LIPs meeting **more than 75%** of the minimum service standards for coordination of care

KEY GAPS AFFECTING LIP TECHNICAL CAPACITY

- Number of OVC program areas for which lack of knowledge/awareness of service standards is the predominant reason why LIPs are not implementing the minimum required package of services
- Number of OVC program areas for which lack of staff is the predominant reason why LIPs are not implementing the minimum required package of services
- Number of OVC program areas for which lack/suboptimal training of existing staff is the predominant reason why LIPs are not implementing the minimum required package of services
- Number of OVC program areas for which lack of funds/suboptimal budget allocation is the predominant reason why LIPs are not implementing the minimum required package of services

CROSSCUTTING INSTITUTITONAL DEVELOPMENT

- Number/percentage of LIPs with costed annual work plans
- Number/percentage of LIPs that have undergone a financial audit in the last two years
- Number/percentage of LIPs receiving non-*Nilinde* funding for at least one successful proposal in the last two years

M&E and KNOWLEDGE MANAGEMENT

- Number/percentage of LIPs maintaining OVC databases (e.g., OLMIS, CPMIS) that are linked to county/national databases
- Number/percentage of LIPs with a written M&E plan that includes measurable OVC-related indicators
- Number/percentage of LIPs that produce OVC program reports at least quarterly
- Number/percentage of LIPs with demonstrated use of evidence to inform their OVC targeting, intervention design, and/or program improvement

Annex 4: DCS Capacity Assessment Tool

OVC BASELINE ASSESSMENT FOR THE NILINDE ACTIVITY

ORGANIZATIONAL CAPACITY ASSSESSMENT TOOL (OCAT)
FOR COUNTY DEPARTMENTS OF CHILDREN'S SERVICES

D. NAME OF CAPACITY ASSESSOR	
E. DATE(S) CAPACITY ASSESSMENT CONDUCTED	
F. REVIEW/APPROVAL BY SUB-TEAM LEADER (STL):	• SUB-TEAM LEADER'S NAME: • DATE REVIEWED: • SUB-TEAM LEADER'S SIGNATURE:

About This Tool

This Organizational Capacity Assessment Tool (OCAT) has been adapted for use with County Departments of Children's Services in locations covered by the USAID/Kenya-funded *Nilinde* Project in Nairobi and the Coast.

The tool, which aligned with the service delivery areas and minimum standards outlined in the Government of Kenya's *Minimum Service Standards for Orphans and Vulnerable Children (OVC) Programs*, provides a rapid assessment of general institutional development issues and in-depth assessment of the program areas outlined in Kenya's minimum service package for OVC.

To elucidate USAID and *Nilinde* implementing partners on (a) the nature of their involvement in key service standards and (b) key reasons why the department has not adopted particular service standards, the OCAT documents the following gaps for each OVC program area:

For Assessment of Service Standards Pursued by the Departments

"Give" =	**Department provides sub-grants to non-governmental/private entities to implement the service standard/strategy**
"Get" =	**Department is sub-contracted by other entities to facilitate/implement the service standard/strategy**
"Link" =	**Department links to other Government units/ministries/sectors to implement the service/strategy**
"Do" =	**Department directly implements the service/strategy on its own**

For Assessment of Reasons Why Service Standards are not pursued by the Departments

"Know" =	**Department is not aware/knowledgeable of the service standard/strategy**
"Staff" =	**Department has insufficient staff to implement the service/strategy**
"Train" =	**Department has staff but they are not trained in the service/strategy**
"Fund" =	**Department has insufficient funds (or suboptimal resource allocation) to implement the service/strategy**
"Partner"=	**Department does not have implementing partners on the ground to implement the service/strategy**

The OCAT will also generate data related to the following *Nilinde* project performance indicators:

Output 1 indicators:

- Number of supported local OVC Departments that are able to plan, manage, and coordinate implementation

Output 3 indicators:

- Percentage increase in OVC service interventions implemented that are informed by evidence (by intervention, county)

- Percentage increase in supported counties that use data for decision making (i.e., annual county planning and budgeting and service delivery to OVC (by county)
- Percentage increase in OVC Departments that use data as a tool for advocacy (by county)
- Number of Departments' OVC databases that are aligned with CBO/LIP databases (by county)
- Number of government offices equipped and trained to utilize the database (by county)

Annex A includes an illustrative list of other indicators that will be gleaned from the *Nilinde* OCAT for Departments of Children's Services and presented in the baseline report.

Contents

Checklist of Key Documents to Facilitate Completing the OCAT

The OCAT is not based solely on verbally reported information; it requires verifying evidence. Assessors are advised to request each Department to provide documents such as the following to facilitate the assessment process. Organizing those documents in advance of the assessment visit is strongly encouraged.

→ Vision statement; mission statement
→ Departmental chart or description of the staffing patterns
→ Recent board meeting minutes
→ Strategic plan
→ Work plan/plans
→ Monitoring and Evaluation (M&E) Plan

→ Quarterly budgets for the past one year
→ Recent audit report
→ Department's financial policies and procedures manual
→ Financial report and financial monitoring tools
→ Procurement policies, plans and files; payment vouchers, approvals
→ Progress Technical reports-quarterly /annual
3. Evaluation reports
4. Donor feedback on reports

IV. DEPARTMENTAL PROFILE

17. County of operation		
18. Number of vulnerable households served by the Department in the past 12 months		
19. Number of orphans and vulnerable children (OVC) served by the Department in the past 12 months		
20. Forms of OVC support provided by the Department *(Circle all that apply)*	A.	Food & nutrition
	B.	Health
	C.	Education & vocational training
	D.	Psychosocial support
	E.	Shelter and care
	F.	Child protection
	G.	Household economic strengthening
	H.	Coordination of care
	I.	Capacity building
	J.	OTHER (Specify): _____
21. Total number of staff in the Children's Department		

22. **CONTACT DETAILS FOR THE DEPARTMENT**:

h. Name of primary point of contact:

i. Position of primary point of contact:

j. Department's physical address:

k. Department's mailing address:

l. Telephone number(s):

m. Email address:

n. Website/URL:

V. GENERAL ASSESSMENT OFINSTITUTIONAL DEVELOPMENT

ITEM	STATUS AT THE TIME OF THE BASELINE CAPACITY ASSESSMENT				REMARKS
	(0) NO (Does not exist)	(1) YES, but not seen/verified	(2) YES, seen/verified	(9) NOT APPLICABLE	
A. GOVERNANCE					
23. Does the Department have an organizational chart with all staff positions at different levels (e.g., sub-county, ward) within this county?					
ADDITIONAL NOTES ON GOVERNANCE:					
B. PLANNING					
24. Does the Department have a current, written strategic plan?					
25. Does the Department have a current annual work plan?					
26. Is the annual work plan costed?					
ADDITIONAL NOTES ON PLANNING:					

ITEM	STATUS AT THE TIME OF THE BASELINE CAPACITY ASSESSMENT				REMARKS
	(0) NO (Does not exist)	(1) YES, but not seen/verified	(2) YES, seen/verified	(9) NOT APPLICABLE	
C. FINANCE					
27. Does the Department currently receive international donor funding (e.g., Global Fund, USAID, DFID, UN, sub-grants from international NGOs, etc.)?					
28. Does the Department receive any in-kind support (e.g., office space or equipment, materials, supplies)?					
ADDITIONAL NOTES ON FINANCE:					
G. GRANTS MANAGEMENT					
29. Does the Department develop and submit proposals for funding?					
30. Has the Department received funding for at least one successful proposal in the last two years?					
31. Does the Department produce financial reports for donors?					
ADDITIONAL NOTES ON GRANTS MANAGEMENT:					

ITEM	STATUS AT THE TIME OF THE BASELINE CAPACITY ASSESSMENT				REMARKS
	(0) NO (Does not exist)	(1) YES, but not seen/verified	(2) YES, seen/verified	(9) NOT APPLICABLE	
D. ADMINISTRATION AND HUMAN RESOURCES					
32. Does the Department currently have any unfilled/vacant staff positions in the organogram?					
33. Does the Department have a physical office space equipped with office furniture?					
34. Does the Department have at least one working computer and printer?					
35. Does the Department usually experience power shortages during the course of the week?					
36. Do all key positions within the Department have regular access to the internet?					
ADDITIONAL NOTES ON ADMINISTRATION AND HUMAN RESOURCES:					

VI. ASSESSMENT OF TECHNICAL CAPACITY

A. Food and Nutrition

The following are used in the table to summarize the nature of the Department's involvement vis-à-vis the service standard:

Give = Department provides sub-grants to NGO/private entities to implement the service standard/strategy
Get = Department is sub-contracted by other entities to facilitate/implement the service standard/strategy
Link = Department links to other Government units/ministries/sectors to implement the service/strategy
Do = Department directly implements the service/strategy on its own

The following are used in the table to highlight key reasons why the department is not pursuing particular service standards:

Know = Department is not aware/knowledgeable of the service/strategy
Staff = Department has insufficient staff to implement this service/strategy
Train = Department has staff but they are not trained in this service/strategy
Fund = Department has insufficient funds (or suboptimal resource allocation) to implement the service/strategy
Partner= Department does not have implementing partners on the ground to implement the service/strategy

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NONE	IF NONE, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
6. What is the Department's role in conducting on-going assessment of the target community's food and nutrition needs?	e. Organizing **forums** to discuss and gauge the **community's food and nutrition needs**											
	f. **Mobilizing and sensitizing the community** on the importance of proper food and nutrition											
	g. Conducting on-going **household needs assessments** from a representative sampling of households											
	h. Establishing **feedback mechanisms** within the community to monitor the community's needs											
7. Does the Department conduct	b. Conducting **mapping**											

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NONE	IF NONE, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
mapping and linking of stakeholders and resources available for food and nutrition support?	ISSUES RELATED TO LINKAGES ARE EXPLORED IN THE HES AND LINKAGES SECTION OF THE TOOL AND THEREFORE ARE NOT INCLUDED IN THIS TABLE.											
8. Does the Department participate in promotion of knowledge on nutrition for OVC, their households and the community?	c. Establishing mechanisms to promote good nutritional practices among OVC and their families											
	d. Educating and creating community awareness on nutrition through use of media, public meetings and information sessions											
9. Explain the Department's role in providing targeted food and nutrition interventions for OVC and their households?	d. Providing food support for OVC households without access to adequate food supplies											
	e. Enabling OVC households to access micronutrient supplementation											
	f. Creating linkages and referrals systems for OVC requiring specialized or emergency food and nutrition support											
10. How does the Department aid in increasing access to nutritious food by OVC and their households?	d. Encouraging OVC and their households to diversify food production											
	e. Linking OVC and their households to livelihoods programs											
	f. Building OVC and their household capacity on proper food production, storage and preservation											

B. Education and Vocational Training

The following are used in the table to summarize the nature of the Department's involvement vis-à-vis the service standard:

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Staff = Department has insufficient staff to implement this service/strategy
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KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
2. Which of the following forms of OVC education support does your Department offer/support?	g. Ensuring a safe school environment primary education completion											
	h. Promoting access to (ECD) programs											
	i. Creating child-friendly and HIV/AIDS discrimination and gender-sensitive classrooms											
	j. Strengthening community- school relationships											
	k. The transition for girls from primary to secondary school											
	l. Market-driven vocational training											
3. Does the Department develop and implement appropriate mechanisms	d. Holding community forums with stakeholders to identify OVC who do not attend school and document											

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
that address educational barriers?	reasons for non-attendance											
	e. Collecting data on household and other barriers to education											
	f. Conducting site visits to schools to monitor OVC attendance											
5. Does the Department ensure non-discriminatory, comprehensive education and training to OVC?	e. Visiting schools to monitor age- and gender-appropriateness of efforts that promote educational progress of OVC											
	f. Develop written agreements with participating schools and institutions creating clear roles and responsibilities in provision of education and training support for OVC											
	g. Involving OVC, caregivers and other stakeholders in conducting a market assessment to inform vocational training opportunities for OVC											
	h. Establishing referral mechanisms to ensure appropriate, comprehensive and continued educational and vocational support to OVC											
6. What is the role of the Department in mobilizing and sensitizing the community, especially key stakeholders, to support age-appropriate education and training for OVC?	d. Encouraging education and training institutions to enhance their support for continuity of education for OVC											
	e. Holding meetings with community members to create awareness of the educational needs and rights of OVC											
	f. Discuss the importance of education with OVC and the members of their households, especially caregivers and emphasis the importance of educating both boys and girls equally											

C. Health

The following are used in the table to summarize the nature of the Department's involvement vis-à-vis the service standard:

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KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
6. How does the Department aid in assessing the health needs, services and costs for OVC and their households?	c. Identifying common health problems in the community											
	d. Developing an assessment tool and using it to identify and assess the health needs of OVC and their households											
7. What is the role of the Department in enhancing access to HIV prevention, treatment, care and support for OVC through the following?	h. Training service providers on HIV prevention, behavior change communication, life skills and adolescent sexual reproductive health											
	i. Promoting HIV counseling and testing for OVC, in partnership with the Ministry of Health											
	j. Formation of age-specific peer clubs											
	k. Providing treatment literacy											

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
	and ART adherence support interventions to community health workers, caregivers and HIV+ OVC											
	l. Formation of HIV support groups											
	m. Collaborating with other HIV prevention programs to create age-specific messages											
	n. Identifying HIV-positive OVC and OVC at risk of HIV and linking them to appropriate care and treatment services											
8. What is the role of the Department in prevention of childhood illness in OVC, as per the Kenya Essential Package for Health (KEPH)?	c. Educating and sensitizing parents, caregivers, and older OVC on health prevention/promotion needs of OVC											
	d. Sensitizing CHVs and OVC committee members on the health prevention/promotion needs of OVC											
9. Does the Department participate in enhancing access to appropriate curative services for OVC and their households through	c. Training community health workers and caregivers on addressing curative health needs of OVC											
	d. Referring sexually abused children to the MOH or other appropriate service providers for clinical and psychosocial management and follow-up to ensure service is provided											
10. Does the Department promote safe	e. Conducting household assessments to determine the current access to safe water											

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
water, hygiene and sanitation practices in their target communities and in OVC households	and sanitation practices											
	f. Conducting community education on use of safe practices, including handwashing with soap, use of latrines, boiling drinking water and proper waste disposal											
	g. Creating access points to safe and clean water for OVC and their households											
	h. Discuss with the girl OVC and their caregivers about proper female hygiene during menstruation											

D. Psychosocial Support

The following are used in the table to summarize the nature of the Department's involvement vis-à-vis the service standard:

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KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
4. Does the Department conduct community mobilization and sensitization activities to create awareness of psychosocial needs of OVC and their households through the following?	d. Participating in community forums, including national and international days, to inform the community on Psychosocial Support Services (PSS) for care on OVC											
	e. Providing guidance to community health workers, service providers and caregivers on provision of PSS to OVC											
	f. Conducting participatory PSS awareness and education sessions for the community, particularly in schools, clinics and other places frequented by OVC											

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
5. Does the Department build the capacity of OVC to recognize, understand, meet and obtain their PSS needs through the following?	d. Providing platforms for OVC to express their needs and ideas, and documenting their responses in order to find relevant support services											
	e. Distributing information and ensuring OVC know where and how to access PSS services											
	f. Formation of peer PSS groups through schools or community											
6. Does the Department strengthen community and household capacities to provide PSS to OVC and their caregivers?	d. Conducting PSS needs assessment among community PSS providers to identify gaps and determining training needs											
	e. Creating an inventory of current PSS providers which could be useful in working with OVC											
	f. Providing on-going support and mentorship for caregivers and home visitors engaged in provision of PSS											

E. Child Protection

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Partner= Department does not have implementing partners on the ground to implement the service/strategy

***NOTE TO ASSESSORS: A number of child protection linkages are explored in the HES and Linkages section of this tool. As a result, they are not included in the following table on child protection.

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
8. What is the Department's capacity to educate OVC, caregivers and the target communities on child rights, responsibilities and child protection?	e. Promoting **succession planning** in OVC households (inheritance, will writing, memory books).											
	f. **Educating caregivers and stakeholders** on their roles in child protection.											
	g. Holding **forums** to sensitize the community and OVC on **gender-based violence prevention** and what action to take if GBV is observed or suspected.											
	h. **Training** children and stakeholders **on child rights**.											
9. What is the Department's	f. Facilitating **alternative family care for OVC** in need of care and											

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
capacity to strengthen the capacity of households and local community structures to enhance OVC protection and maximize utilization of available resources?	protection (safe places etc.).											
	g. Training caregivers on how to **recognize signs of abuse**.											
	h. Educating the caregivers on their roles in **holding protection services accountable to children**.											
	i. Training members of existing **community structures** such as AAC, Volunteer Children's Officers **in identifying, reporting and investigating** child rights **abuses.**											
	j. **Knowledge of Childline** Services for reporting cases of child abuse.											
10. What is the Department's role in supporting OVC and caregivers to participate in matters affecting them?	d. Ensuring **children know how to report an abuse and find protection** services.											
	e. Establishing **mechanisms**, such as children advisory groups, **to support children's participation** in protection.											
	f. **Disseminating national guidelines on child participation** through forums and community events.											
11. What is the Department's role in strengthening partnerships and linkages to ensure case management, law enforcement and appropriate referrals and monitoring systems?	b. **Keeping track of existing child protection service** providers at points of service delivery.											
12. What is the Department's role	d. **Link OVC with special needs** to **social safety nets**.											

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT										
		YES	IF YES, how?				NO	IF NO, why?				
			Give	Get	Link	Do		Know	Staff	Train	Fund	Partner
in supporting OVC with special needs e.g. disability?	e. Link OVC with special needs to **rehabilitative/reintegration services**.											
	f. **Provide services/support** to address their disability needs.											
13. What is the Department's role in supporting highly vulnerable OVC households to benefit from social support services?	*LINKAGES TO SOCIAL SUPPORT MECHANISMS SUCH AS BURSARIES, NHIF, AND CASH TRANSFERS ARE DOCUMENTED IN THE HES AND LINKAGES SECTION OF THE TOOL.*											
14. What is the Department's role in promoting positive parental/family care and child stimulation?	c. Sensitize parents/caregivers on **positive parenting**.											
	ISSUES SUCH AS PSS AND ECD ARE ASSESSED IN OTHER SECTIONS OF THE TOOL.											
	d. Organize **fun/play days** for OVC											

F. Household Economic Strengthening (HES) and Linkages

Name the main household economic strengthening (HES) strategies that are implemented/supported by the Department (can include multiple responses); specify the geographic coverage.

Household Economic Strengthening (HES)	☐ No	☐ Yes		**If yes, note the no. of wards**
		Link with other Partners	**Direct support**	
10. **Linkages with Community-based Organizations (CBOs)/LIPs** The Department provides linkage to the following:				
e. To government OVC Cash Transfer Program (OVC-CT)				
f. To National Hospital Insurance Fund (NHIF) (Share M.O.U, enrolled nos.)				
g. To social safety net programs such as Local Authorities Trust Fund/CDF				
h. Youth Empowerment Centers				
11. Provide one-time asset transfer (i.e., pregnant goats for milk, hens for eggs)				
12. **Savings Groups Plus** (SG+) for youth and adults (self-managed financial services including savings and loans, micro-insurance, and Most Vulnerable Children Funds)				
13. Support **self-help groups**				
14. OVC Linkages to Health services c. **Track referrals** of OVC and/or their household members to health facilities				
d. Monitor/follow up status of those referrals to ensure continuum of care				
15. OVC Linkages to Food and Nutrition d. Training in agribusiness and linkages to markets				
e. Form producer market groups or link with micro-consignment opportunities				
f. Promote family-focused approach to health and nutrition through linkages to ECD and school-based feeding				

16. OVC Linkages to Education &Vocational Training				
c. Community-Based Enterprise Development training—Basic financial literacy)				
d. Collaboration with the existing education and training resources to create opportunities for OVC				
17. OVC Linkages to Child protection g. Assist with birth registration and legal identity cards				
h. Strengthening the linkage between the formal and the informal child protection systems				
i. Networking with other child protection Departments				
j. Linking with CBOs/LIPs to ensure grassroots implementation of child safeguarding policies				
k. Facilitate succession planning (e.g., inheritance, will writing)				
l. Are any of the Department's staff members of the local Area Advisory Council (AAC)?				
b. Link with the legal protection mechanisms for OVC through the provision of legal services				
18. OVC Linkages to Psychosocial Support Services (PSS) d. Connect child-headed households with role models/mentors(Home visit)				
e. Making referrals and follow ups on all PSS services				
f. Others specify: _____				

G. Shelter and Care

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KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT							
		YES	IF YES, verifying evidence	NO	IF NO, why?				
					Know	Staff	Train	Fund	Partner
5. What is the Department's role in conducting household needs assessments to determine and support appropriate community shelter and care initiatives for OVC households?	c. Identifying **knowledge, skills and attitude gaps related to shelter and care** provision for OVC households								
	d. Periodically **monitoring progress** on improved shelter and care in identified households								
6. What is the Department's role in linking stakeholders to resources available to support OVC shelter and care?	c. Keeping an **inventory of services and resources** to provide shelter and care support to OVC and their families								
	d. Hold and participate in								

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT							
		YES	IF YES, verifying evidence	NO	IF NO, why?				
					Know	Staff	Train	Fund	Partner
	consultative meetings with stakeholders to determine **mechanisms** and procedures for providing OVC shelter and care								
7. What is the Department's role to sensitize the community and households on the importance of OVC receiving regular and loving care from adults?	d. Holding community sensitization meetings to **reduce stigmatization** of OVC								
	THE CHILD PROTECTION SECTION OF THIS TOOL COVERED OTHER DIMENSIONS OF POSITIVE PARENTING.								
	e. Conducting regular monitoring of OVC family/living environment to ensure the OVC are being properly cared for								
	f. Facilitating after-care services that enable OVC to be integrated into the community								
	g. Mobilize stakeholders and resources to commit funding and logistical support for the renovation of needy OVC households								
8. What is the Department's	e. Provide training on								

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT							
		YES	IF YES, verifying evidence	NO	IF NO, why?				
					Know	Staff	Train	Fund	Partner
role to facilitate community and stakeholders implementation of shelter initiatives to support OVC households?	basic **skills to construct and maintain shelters**								
	f. Train OVC and caregivers with knowledge and skills on the needs of OVC regarding shelter, including **safe structure, clean toilet facilities**								
	g. Establish **linkages** with income-generating activities, religious organizations and community groups to help maintain shelter for OVC								
	h. Mobilize community members to commit funds and/or support for the renovation of needy OVC households								

H. Coordination of Care

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KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT							
		YES	IF YES, verifying evidence	NO	IF NO, why?				
					Know	Staff	Train	Fund	Partner
3. What is the Department's capacity to establish and maintain national directory of service providers for the care of the OVC informed by local level database?	d. Conduct local **mapping** of OVC services and service providers								
	e. Ensure that the **local database** maintained by the Department is **linked with databases maintained by CBOs** of all OVC services and service providers								
	f. Update service and service provider databases as needed								

KENYAN SERVICE STANDARD	KEY STRATEGIES	STATUS AT TIME OF ASSESSMENT							
		YES	IF YES, verifying evidence	NO	IF NO, why?				
					Know	Staff	Train	Fund	Partner
4. What is the Department's capacity to establish and strengthen new coordination units for the integration and harmonization of OVC service provision at all levels to avoid duplication and encourage prudent utilization of resources?	THIS THEME IS EXPLORED IN THE DEPARTMENT OF CHILDREN'S SERVICES VERSION OF THE OCAT. SKIP THIS QUESTION WHEN ASSESSING LIPs.								

I. Monitoring, Evaluation and Knowledge Management

KENYAN SERVICE STANDARD	CORE ASPECT OF CAPACITY	YES	NO	COMMENTS
M & E Focal Person 6. Does the Department have human resources for M&E?	f. There is **at least one staff person** responsible for M&E.			
	g. There are **written job descriptions for all M&E staff**.			
	h. The Department has a clear **plan to strengthen the M&E capacity** of its staff.			
	i. There is M&E-related, in-service **training and mentoring** of staff			
M&E Plan **7.** Does the Department have a monitoring and evaluation plan?	d. The Department has a **written M&E plan**.			
	e. The M&E plan is **linked to** the Department's **strategic plan**.			
	f. The M&E plan **includes OVC-related indicators**.			
Data Collection and Data Management **8.** Does the Department collect routine data as stipulated in the M&E plan?	d. The Department has **data collection tools** to capture OVC data.			
	e. The Department has **standard reporting formats** to summarize and present OVC data.			
	f. The Department has documented **data flow** between implementation level and management level.			
Evaluation **9.** Does the Department evaluate its OVC activities?	d. The Department has produced **at least one evaluation report**.			
	e. Through linkages/partnerships, the Department has access to evaluation expertise.			
	f. The Department **has presented findings or results from its programs** at meetings, conferences or forum for dissemination within the past two years.			
Data Quality Assurance 10. Does the Department conduct Supervision data quality assessment	c. There are mechanisms to check the **accuracy of the Department's OVC data**.			
	d. **Routine supervision** of program activities **includes data review**.			

KENYAN SERVICE STANDARD	CORE ASPECT OF CAPACITY	YES	NO	COMMENTS
or audit?				

J. Knowledge Management/Learning

SERVICE STANDARD	CORE ASPECT OF CAPACITY	YES	NO	COMMENT
5. Does the Department use a database to support its implementation and M&E of OVC activities?	e. The Department maintains an OVC Longitudinal Management Information System (OLMIS) database.			
	f. IF YES: Does the Department's OLMIS link to CBOs/LIPs OLMIS databases?			
	g. The Department maintains a Child Protection Management Information System (CPMIS) database.			
	h. IF YES: Does the Department's CPMIS link to CBOs/LIPs CPMIS database?			
6. Does the Department have capacity related to data reporting and use?	d. Does the Department produce program reports?			
	e. IF YES: Does the Department produce those reports at least on a quarterly basis?			
	d. Who are the recipients of your OVC reports?			
	• Ministry of Health			
	• Ministry of Education			
	• Other Government ministries (Specify in remarks column)			
	• Donors (international or local)			
	• CBOs/LIPs			
	f. Does the Department receive feedback on any of the reports submitted to the above entities?			
7. Does the Department have the capacity to identify and document learning and promising/best practices?	c. Has the Department written a case study or success story on a particular OVC or OVC caregiver/household (or group of OVC/OVC households)?			
	d. Does the Department share its learning or best practices with other CBOs/FBOs? (Specify forum in remarks column)			

8. How is the Department using its evidence to improve and/or inform its work?	c. What information or data does the Department use to target OVC and their households in the community?	
	d. How does the Department use data to improve its existing work (interventions)?	

Annex 5: Reference sheet for assessment for Kenyan service standards and strategies for OVC technical capacity

Table 1: Reference sheet for assessment for Kenyan service standards and strategies

SERVICE DIMENSIONS	KENYAN SERVICE STANDARDS	KEY STRATEGIES
A. FOOD AND NUTRITION	a. Conduct ongoing assessments of the community's food and nutrition needs.	a. Organizing forums to discuss and gauge the community's food and nutrition needs; b. Mobilizing and sensitizing the community on the importance of proper food and nutrition; c. Conducting on-going household needs assessments from a representative sampling of households; d. Establishing feedback mechanisms within the community to monitor the community's needs.
	b. Map and link stakeholders and resources available for food and nutrition support.	a. Conducting mapping.
	b. Promote knowledge on nutrition to OVC, their households and the community.	a. Establishing mechanisms to promote good nutritional practices among OVC and their families; b. Educating and creating community awareness on nutrition through use of media, public meetings and information sessions.
	c. Provide targeted food and nutrition interventions for OVCs and their households.	a. Providing food support for OVC households without access to adequate food supplies; b. Enabling OVC households to access micronutrient supplementation; c. Creating linkages and referrals systems for OVC requiring specialized or emergency food and nutrition support.
	d. Increase access to nutritious food by OVC and their households.	a. Encouraging OVC and their households to diversify food production; b. Linking OVC and their households to livelihoods programs; c. Building OVC and their household capacity on proper food production, storage and preservation.
B. EDUCATION AND VOCATIONAL TRAINING	1. Forms of OVC education support offered/supported.	a. Ensuring a safe school environment primary education completion; b. Promoting access to (ECD) programs; c. Creating child-friendly and HIV/AIDS discrimination and gender-sensitive classrooms; d. Strengthening community- school relationships; e. The transition for girls from primary to secondary school; f. Market-driven vocational training.
	2. Develop and implement appropriate mechanisms that address educational barriers.	a. Holding community forums with stakeholders to identify OVC who do not attend school and document reasons for non-attendance; b. Collecting data on household and other barriers to education;

SERVICE DIMENSIONS	KENYAN SERVICE STANDARDS	KEY STRATEGIES
		c. Conducting site visits to schools to monitor OVC attendance.
	3. Ensure that non-discriminatory, comprehensive education and training is delivered to OVCs.	a. Visiting schools to monitor age- and gender-appropriateness of efforts that promote; educational progress of OVC b. Develop written agreements with participating schools and institutions creating clear roles and responsibilities in provision of education and training support for OVCs; c. Involving OVCs, caregivers and other stakeholders in conducting a market assessment to inform vocational training opportunities for OVCs; d. Establishing referral mechanisms to ensure appropriate, comprehensive and continued educational and vocational support to OVC;
	4. Mobilize and sensitize the community, especially key stakeholders, to support age-appropriate education and training for OVCs.	a. Encouraging education and training institutions to enhance their support for continuity of education for OVC; b. Holding meetings with community members to create awareness of the educational needs and rights of OVC; c. Discuss the importance of education with OVC and the members of their households, especially caregivers and emphasis the importance of educating both boys and girls equally.
C. HEALTH	1. Assess the health needs, services and costs for OVCs and their households.	a. Identifying common health problems in the community; b. Developing an assessment tool and using it to identify and assess the health needs of OVC and their households.
	2. Enhance access to HIV prevention, treatment, care and support for OVC.	a. Training service providers on HIV prevention, behavior change communication, life skills and adolescent sexual reproductive health; b. Promoting HIV counseling and testing for OVC, in partnership with the Ministry of Health c. Formation of age-specific peer clubs; d. Providing treatment literacy and ART adherence support interventions to community health workers, caregivers and HIV+ OVCs; e. Formation of HIV support groups; f. Collaborating with other HIV prevention programs to create age-specific messages; g. Identifying HIV-positive OVCs and OVC at risk of HIV and linking them to appropriate care and treatment services.
	3. Prevent childhood illness in OVC, as per the Kenya Essential Package	a. Educating and sensitizing parents, caregivers, and older OVCs on health prevention/promotion needs of OVC;

SERVICE DIMENSIONS	KENYAN SERVICE STANDARDS	KEY STRATEGIES
	for Health (KEPH).	b. Sensitizing CHVs and OVC committee members on the health prevention/promotion needs of OVCs.
	4. Enhance access to appropriate curative services for OVC and their households.	a. Training community health workers and caregivers on addressing curative health needs of OVCs; b. Referring sexually abused children to the MOH or other appropriate service providers for clinical and psychosocial management and follow-up to ensure service is provided.
	5. Promote safe water, hygiene and sanitation practices in their target communities and in OVC households.	a. Conducting household assessments to determine the current access to safe water and sanitation practices; b. Conducting community education on use of safe practices, including hand washing with soap, use of latrines, boiling drinking water and proper waste disposal; c. Creating access points to safe and clean water for OVC and their households; d. Discuss with the girl OVCs and their caregivers about proper female hygiene during menstruation.
D. PYSCHOSOCIAL SUPPORT	1. Conduct community mobilization and sensitization activities to create awareness of psychosocial needs of OVC and their households.	a. Participating in community forums, including national and international days, to inform the community on Psychosocial Support Services (PSS) for care on OVC; b. Providing guidance to community health workers, service providers and caregivers on provision of PSS to OVC; c. Conducting participatory PSS awareness and education sessions for the community, particularly in schools, clinics and other places frequented by OVC.
	2. Build the capacity of OVC to recognize, understand, meet and obtain their PSS needs.	a. Providing platforms for OVCs to express their needs and ideas, and documenting their responses in order to find relevant support services; b. Distributing information and ensuring OVC know where and how to access PSS services; c. Formation of peer PSS groups through schools or community.
	3. Strengthen community and household capacities to provide PSS to OVC and their caregivers.	a. Conducting PSS needs assessment among community PSS providers to identify gaps and determining training needs; b. Creating an inventory of current PSS providers which could be useful in working with OVC; c. Providing on-going support and mentorship for caregivers and home visitors engaged in provision of PSS.
E. CHILD	1. Capacity to educate OVC,	a. Promoting succession planning in OVC households (inheritance, will

SERVICE DIMENSIONS	KENYAN SERVICE STANDARDS	KEY STRATEGIES
PROTECTION	caregivers and the target communities on child rights, responsibilities and child protection.	writing, memory books); b. Educating caregivers and stakeholders on their roles in child protection; c. Holding forums to sensitize the community and OVC on gender-based violence prevention and what action to take if GBV is observed or suspected; d. Training children and stakeholders on child rights.
	2. Build the capacity of and strengthen households and local community structures to enhance OVC protection and maximize utilization of available resources.	a. Facilitating alternative family care for OVC in need of care and protection (safe places etc.); b. Training caregivers on how to recognize signs of abuse; c. Educating the caregivers on their roles in holding protection services accountable to children; d. Training members of existing community structures such as AAC, Volunteer Children's Officers in identifying, reporting and investigating child rights abuses; e. Knowledge of Childline Services for reporting cases of child abuse.
	3. Promote OVC and caregivers participation to enable them to contribute to matters affecting them.	a. Ensuring children know how to report an abuse and find protection services; b. Establishing mechanisms, such as children advisory groups, to support children's participation in protection; c. Disseminating national guidelines on child participation through forums and community events.
	4. Strengthen partnerships and linkages to ensure case management, law enforcement and appropriate referrals and monitoring systems.	a. Keeping track of existing child protection service providers at points of service delivery.
	5. Support OVC with special needs e.g. disability.	a. Link OVCs with special needs to social safety nets; b. Link OVCs with special needs to rehabilitative/ reintegration services; c. Provide services/support to address their disability needs.
	6. Promote positive parental/family care and child stimulation.	a. Sensitize parents/caregivers on positive parenting; b. Organize fun/play days for OVC.
F. HOUSEHOLD ECONOMIC STRENGTHENING	• Linkages with Government service sector.	a. To government OVC Cash Transfer Program (OVC-CT); b. To National Hospital Insurance Fund (NHIF); c. (Share M.O.U, enrolled nos.) d. To social safety net programs such as Local Authorities Trust Fund/CDF;

SERVICE DIMENSIONS	KENYAN SERVICE STANDARDS	KEY STRATEGIES
		e. Youth Empowerment Centers.
	• Provide one-time asset transfer (i.e., pregnant goats for milk, hens for eggs).	a. Provision of one-time asset transfer.
	• **Savings Groups Plus (SG+) for youth and adults (self-managed financial services including savings and loans, micro-insurance, and Most Vulnerable Children Funds).**	a. Providing Savings Group Plus for youth and adults.
	• Support self-help groups.	a. Support self-help groups.
	• OVC Linkages to Health services.	a. Track referrals of OVCs and/or their household members to health facilities; b. Monitor/follow up status of those referrals to ensure continuum of care.
	• OVC Linkages to Food and Nutrition.	a. Training in agribusiness and linkages to markets; b. Form producer market groups or link with micro-consignment opportunities; c. Promote family-focused approach to health and nutrition through linkages to ECD and school-based feeding.
	• OVC Linkages to Education and Vocational Training	a. Community-Based Enterprise Development training—Basic financial literacy); b. Collaboration with the existing education and training resources to create opportunities for OVC;
	• OVC Linkages to Child protection.	a. Assist with birth registration and legal identity cards; b. Strengthening the linkage between the formal and the informal child protection systems; c. Networking with other child protection organizations; d. Linking with Department of Children's Services to ensure grassroots implementation of child safeguarding policies; e. Participation of the organization's staff members of the local Area Advisory Council (AAC); f. Facilitate succession planning (e.g., inheritance, will writing); g. Link with the legal protection mechanisms for OVCs through the

SERVICE DIMENSIONS	KENYAN SERVICE STANDARDS	KEY STRATEGIES
		provision of legal services.
	• OVC Linkages to Psychosocial Support Services.	a. Connect child-headed households with role models/mentors (Home visit); b. Making referrals and follow ups on all PSS services.
G. SHELTER AND CARE	1. Conduct household needs assessments to determine and support appropriate community shelter and care initiatives for OVC households.	a. Identifying knowledge, skills and attitude gaps related to shelter and care provision for OVC households; b. Periodically monitoring progress on improved shelter and care in identified households.
	2. Map and link stakeholders to resources available to support OVC shelter and care.	a. Keeping an inventory of services and resources to provide shelter and care support to OVCs and their families; b. Hold and participate in consultative meetings with stakeholders to determine mechanisms and procedures for providing OVC shelter and care.
	3. Mobilize and sensitize the community and households on the importance of OVC receiving regular and loving care from adults.	a. Holding community sensitization meetings to reduce stigmatization of OVC; b. Conducting regular monitoring of OVC family/living environment to ensure the OVCs are being properly cared for; c. Facilitating after-care services that enable OVC to be integrated into the community.
	4. Facilitate community and stakeholders implementation of shelter initiatives to support OVC households.	a. Provide training on basic skills to construct and maintain shelters; b. Train OVC and caregivers with knowledge and skills on the needs of OVC regarding shelter, including safe structure, clean toilet facilities; c. Establish linkages with income-generating activities, religious organizations and community groups to help maintain shelter for OVC; d. Mobilize community members to commit funds and/or support for the renovation of needy OVC households.
H. COORDINATION OF CARE	1. Establish and maintain national directory of service providers for the care of the OVC informed by local level database	a. Conduct local mapping of OVC services and service providers; b. Ensure that the local database maintained by the Department is linked with databases maintained by CBOs of all OVC services and service providers; c. Update service and service provider databases as needed.
J. MONITORING, EVALUATION AND KNOWLEDGE MANAGEMENT	1. Have human resources for M&E	a. There is at least one staff person responsible for M&E; b. There are written job descriptions for all M&E staff; c. M&E staff have training or formal education in M&E (or M&E related disciplines such as statistics, information systems);

SERVICE DIMENSIONS	KENYAN SERVICE STANDARDS	KEY STRATEGIES
		d. The organization has a clear plan to strengthen the M&E capacity of its staff; e. There is M&E-related, in-service training and mentoring of staff.
	2. Have monitoring and evaluation plan	a. The organization has a written M&E plan; b. The M&E plan is linked to the organization's strategic plan; c. The M&E plan includes measurable OVC-related indicators.
	3. Establish data collection and data management	a. The organization has data collection tools to capture OVC data; b. The organization has standard reporting formats to summarize and present OVC data; c. The organization has documented data flow between implementation level and management level.
	4. Evaluate its OVC activities	a. The Department has produced at least one evaluation report; b. Through linkages/partnerships, the Department has access to evaluation expertise; c. The Department has presented findings or results from its programs at meetings, conferences or forum for dissemination within the past two years.
	5. Conduct supervision data quality assessment or audit.	a. There are mechanisms to check the accuracy of the Department's OVC data; b. Routine supervision of program activities includes data review.
K. KNOWLEDGE MANAGEMENT/ LEARNING	1. Use a database to support its implementation and M&E of OVC activities	a. Maintaining an OVC Longitudinal Management Information System (OLMIS) database; b. Linking OLMIS to CBOs/LIPs OLMIS databases; c. Maintaining a Child Protection Management Information System (CPMIS) database; d. Linking CPMIS to CBOs/LIPs CPMIS database.
	2. Have capacity related to data reporting and use	a. Producing program report; b. Producing those reports at least on a quarterly basis; c. Submission of OVC reports to various recipients; d. Receive feedback on any of the reports submitted to the above entities.
	3. Have the capacity to identify and document learning and promising/best practices	a. Writing case studies or success stories on a particular OVC or OVC caregiver/household (or group of OVCs/OVC households); b. Sharing its learning or best practices with other CBOs/FBOs.
	4. Using its evidence to improve and/or inform its work.	a. Information or data for targeting OVCs and their households in the community; b. Use data to improve its existing work (interventions).

Annex 6: Beacon of Hope (BOH) Organizational capacity assessment

Table 2a: BOH: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Vision and Mission	• The Vision and Mission of the organization are clearly articulated.	None noted	None
Organizational Chart	• Organogram available with clear positions within the organization and the reporting lines.	None noted	None
Strategic Plan	• The SP is current (2013 to 2017) and contains a costed plan, resource mobilization strategies, and M&E plan.	None noted	None
Recent Board Minutes	• Minutes are available and filed	None noted	None
Work plans	• Quarterly and annual work plans are available and are costed.	None noted	None
Financial Policy	• Has Finance Officer; each project has separate bank account, multiple signatories.	None noted	None
Procurement Policy	• Procurement Policy is available and clearly communicates the specific policies.	None Noted	None
M&E Plan	• M&E plan is available and is linked to the Strategic Plan. Regularly updated in order to align to project needs.	None noted	None
Monthly, Quarterly, Annual reports	• Reports are available and are produced at stipulated timelines. They are well filed.	None noted	None
Quarterly Budgets	• Quarterly budgets are available and well maintained.	None noted	None
Recent Audit Reports	• Recent external audit report conducted in the year 2015 available.	None noted	None
Financial Reports	• Up to date detailed financial reports available for each project	None noted	None
HR Manual	• Detailed HR Manual on file.	None noted	None
Child Protection Policy	• Available and signed by staff and other associates who interact with children.	None noted	None

Table 2b: BOH: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations
Theme A: Institutional Development		
A1: Governance	• Has organizational chart showing staff positions; • Has written vision and mission statements; • Bylaws on file; • Has an eight-member executive committee; meets quarterly; members represent/have experience in operational sectors.	None
A2: Planning	• The organization has a current Strategic Plan and from the review of its quarterly and annual work plans, appears to plan its activities effectively.	None
A3: Finance	• Has Finance Officer, full time; • Each program has discrete account; • Has written policies and procedures; • Receives international donor funding and in-kind support; • Audited in 2015; • Maintains income/funding and expense records; • Three signatories (Director, Project Manager and Board Member for each of the sectors).	None
A4: Grants management	• Has developed a number of successful proposals which have been funded by different donors including USAID, CDC, and Microsoft among others; • Produces financial reports for donors; • Has five donors including *Nilinde*.	None
A5: Administration and Human Resources	• The administration and human resource function appears well coordinated with a permanent staff of over 100 employees, and the LIP has a detailed HR manual including child protection policy; • Has written job descriptions; • Several vacant positions, particularly for *Nilinde*. At time of assessment was waiting for agreement to be signed before hiring; • Has physical, well equipped office space with back-up generator; • All key staff have computers and access to Internet.	None
Technical area	**Strengths**	**Recommendations**
Theme B: Assessment of technical capacity		

B1: Food and Nutrition	• The LIP provides **all** the activities/strategies as defined under the food and nutrition section of the OVC minimum standards; • Staff has a very good technical understanding of the strategies; • Supporting documents well documented, filed and easily retrievable.	None
B2: Education and Vocational training	• The LIP provides **all** the activities/strategies as defined under the education and vocational training section of the OVC minimum standards; • Staffs have very good technical understanding of the strategies; • Supporting documents well documented, filed and easily retrievable.	None
B3: Health	• The LIP provides **all** the activities/strategies as defined under the health section of the OVC minimum standards; • Uses CSI tool for conducting HH assessments; • OVC referrals tracked in child protection book; • Staff has very good technical understanding of the strategies; • Supporting documents well documented, filed and easily retrievable.	None
B4: Psychosocial support	• The LIP provides **all** the activities/strategies as defined under the psychosocial support section of the OVC minimum standards; • Staff has very good technical understanding of the strategies; • Supporting documents well documented and easily retrievable.	None
B5: Child protection	• The LIP provides **all** the activities/strategies as defined under the Child protection section of the OVC minimum standards; • Staff has very good technical understanding of the strategies; • Supporting documents well documented and easily retrievable.	None
B6: Household economic strengthening	• The LIP provides **all** the activities/strategies as defined under the HES section of the OVC minimum standards; • Staff has very good technical understanding of the strategies; • Supporting documents well documented and easily retrievable.	None
B7: Shelter and care	• The LIP provides **all** the activities/strategies as defined under the Shelter and care section of the OVC minimum standards; • Staff has very good technical understanding of the strategies; • Supporting documents well documented and easily retrievable.	None
B8: Coordination of care	• The LIP provides most of the activities/strategies as defined under the Coordination of care section of the OVC minimum standards; • Staff has very good technical understanding of the strategies; • Supporting documents well documented and easily retrievable.	None

B9: Monitoring evaluation and knowledge management	• The LIP has a well-structured and functional M&E and knowledge management system; • Staff has very good technical understanding of the strategies; • OVC reporting tools are available; • OLMIS is in use; • Mentorship for the M&E team available from APHIAplus team; • Mechanisms to check data quality available through the RDAs and the M&E TWG; • Supporting documents, well written and easily retrievable.	None

Annex 7: Integrated Education for Community Empowerment (IECE) (Nairobi County)

Table 3a: IECE: Review of LIP documents

Document Reviewed	Strengths	Weakness/gaps	Recommendations
Vision and Mission	• The Vision and Mission of the organization are clearly articulated.	None noted	None
Organizational Chart	• Organogram available with clear positions within the organization and the reporting lines.	None noted	None
Strategic Plan		• The SP timeline has elapsed (2013-2015) and the LIP is currently developing a new one; • The expired SP does not contain a costed plan and M&E plan.	• Expedite development of new SP. • Incorporate a costed plan and M&E plan in the SP.
Recent Board Minutes	• Minutes are filed and were available for review.	None noted	None
Work plans	• Quarterly and annual work plans are available and are costed.	None noted	None
Financial and Procurement Policy	• Has a finance officer; finance and procurement policies; has two bank accounts registered in name of organization; Has been audited in the past two years; maintains income/funding and expenditure records and has more than one signatory on the accounts.	None noted	None
M&E Plan	• Has M&E staff with written job descriptions; has plan to strengthen M&E.	• No M&E Plan; no data collection tools; no standard reporting format; there is no data flow between management and implementation levels; activities have not been evaluated in the past two years	• Develop an M&E plan including indicators, baselines, milestones and targets; • Develop data collection tools with standard reporting format; • As a matter of urgency, establish data flow between management and implementation levels.
Monthly, Quarterly, Annual reports	• Reports are available and are produced at stipulated timelines. They are well filed.	None noted	None

Quarterly Budgets	• Quarterly activity budgets available and well maintained.	None noted	None
Recent Audit Reports	• Recent external audit report conducted in the year 2015 available.	None noted	None
Financial Reports	• Up to date detailed financial reports available for each project.	None noted	None
HR Manual	• Employee Handbook is available and spells out the HR policies.	None noted	None
Child Protection Policy	• Code of Conduct which contains the CP policy is available and signed by staff and other associates who interact with children.	None noted	None

Table 3b: IECE: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations
Theme A: Institutional Development		
A1: Governance	• Has written bylaws; executive board with governance plan for board.	None
A2: Planning	• The organization is in the process of developing a current Strategic Plan. From the review of its quarterly and annual work plans, the LIP appears to plan its activities effectively. Does have annual costed work plan.	• Complete SP soonest possible for the coming five years.
A3: Finance	• Finance structure and systems are well structured and functional, and financial reports appear to be well maintained.	None
A4: Grants management	• According to the management, they have developed successful proposals that have been funded by different donors including Conference of Italian Bishops, and Porticus Africa among others. These were not verified. Currently receiving funding from four donors including *Nilinde*.	None
A5: Administration and Human Resources	• Has child protection policy in place with code of conduct for employees; has written HR manual with written job descriptions; does not have any vacancies; has physical office space with computers and printers with access to Internet. Does experience power shortages but does not have standby generator.	• Consider purchase of generator to ensure no work stoppages.

Table 3c: IECE: Strengths, Weaknesses and Recommendations

Overall, IECE has not been implementing OVC activities per se, but has implementing activities targeting vulnerable youth in and out of school in their area of operation. Their parameters of vulnerability include poverty, and orphan hood is also usually considered.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition		• LIP has not historically worked in this area.	• If *Nilinde* is providing funds to the LIP for this area, funding will be needed to provide training to staff, or to hire staff with experience and education in this area.
B2: Education and Vocational Training	• The LIP provides **all** the activities/strategies as defined under the education and vocational training section of the OVC minimum standards; • Staff has good technical understanding of the strategies; • Supporting documents well documented and easily retrievable.	None	None
B3: Health		• Does not implement programming in this area.	• If the LIP is receiving funds from *Nilinde* to implement health activities, staff with experience and education will need to be hired.
B4: Psychosocial support	• The LIP provides all PSS activities/strategies (with exception of gap noted) as defined under the Coordination of care section of the OVC minimum standards; • Staff has good technical understanding of the strategies; • Supporting documents well written and easily retrievable.	• Does not have an inventory of current PSS providers.	• LIP should develop a data base of current PSS providers to which referrals can be made when needed.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B5: Child protection	• The LIP provides most of the activities/strategies as defined under the Child protection section of the OVC minimum standards (exceptions noted in gaps); • Staff has very good technical understanding of the strategies; • Supporting documented files and easily retrievable.	• Does not facilitate alternative family care for children in need of care or protection; • Does not address children with special needs but does refer out to other agencies; does not document follow up of services provided by other agencies.	• Develop plan to facilitate children in need of alternate family care, perhaps by liaising with other implementers are capable of finding replacement families and providing follow up; • Develop system to document OVC with special needs that have been referred to other agencies for assistance. Documentation should include follow up to ensure needs are being addressed.
B6: Household economic strengthening	• Provides some of the activities/strategies as defined under the HES section of the OVC minimum standards primarily through linkages to other actors. Including: Savings Groups Plus; creating opportunities for OVC; strengthening linkages between formal and informal child protection systems; networking with other children's organizations, linking with DCS for legal protection; • Staff participates in AACs; • Links children to provision of legal services.	• Does not provide linkages to OVC-CT; NHIF; asset transfers; link or work in health and nutrition areas as well as education and vocation training. Does not facilitate succession planning	• Strengthen linkages with other agencies providing services where gaps were found to ensure referrals can be made; • Develop a database to track referrals including what services are being provided by whom and when these services are provided.
B7: Shelter and care		• Has not implemented activities in this area as of this assessment.	• If the LIP's agreement with *Nilinde* covers this area, staff will need to be either hired and/or trained to implement required activities.
B8: Coordination of care		• Does not conduct mapping of local OVC providers; does not maintain a data base of OVC service providers.	• There is an urgent need to map local OVC providers, create a data base and begin coordinating OVC care with other providers.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B9: Monitoring evaluation and knowledge management	• The LIP has an M&E and knowledge management unit; • The M&E officer is currently undertaking a diploma course in M&E.	• The LIP has not yet developed an M&E plan; • OVC reporting tools are not in place. • OLMIS has not been installed and is still not understood by the LIP; • Mechanisms to check the OVC data quality yet to be developed; • CPMIS does not currently exist and is not understood by LIP.	• Develop an M&E plan; • Capacity building and mentoring should be conducted to the M&E to bridge the capacity gaps; • Develop OVC reporting tools or, if provided by *Nilinde*, ensure use of *Nilinde* tools; • OLMIS should be installed and staff capacity built on the same; • Mechanisms to check OVC data quality e.g. RDQAs should be developed; • If CPMIS is to be adopted for use by LIPs then there is need to sensitize and build capacity of the LIPs on the same.

Annex 8: Youth Initiatives Kenya (YIKE)

Table 4a: YIKE: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Vision and Mission	• The Vision and Mission of the organization are clearly articulated.	None noted	None
Organizational Chart	• Organogram available with clear positions within the organization and the reporting lines.	None noted	None
Strategic Plan	• The LIP uses the SP to guide its programs.	• The SP timeline has elapsed (2010-2015) and the LIP is currently developing a new one	• Expedite development of new SP.
Recent Board Minutes	• Minutes are available and well filed	None noted	None
Work plans		• Work plans were not available for review so could not be verified.	• Make work plans easily retrievable work plans should include targets and milestones against each indicator to be monitored.
Financial and Procurement Policy	• Has full time finance manager; • Has approximately eight accounts; • There are written and well defined finance policies and procedures; • Has more than one signatory authority; • Receives funds from other international donors as well as in-kind contributions.	None noted	None
M&E Plan		• M&E Plan is not available.	• The LIP should develop a M&E plan.
Monthly, Quarterly, Annual reports	• Reports are available and are produced at stipulated timelines. They are well filed.	None noted	None
Quarterly Budgets	• Quarterly activity budgets available and well maintained.	None noted	None
Recent Audit Reports	• Recent external audit report conducted in the year 2015 available.	None noted	None
Financial Reports	• Up to date detailed financial reports available for each project.	None noted	None

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
	• Maintains income/funding and expenditure records.		
HR Manual	• HR Manual is available and spells out the HR policies.	None noted	None
Child Protection Policy	• The CP policy is available and signed by staff and other associates who interact with children.	None noted	None

Table 4b: YIKE: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations/Remedial Action
Theme A: Institutional Development		
A1: Governance	• Has an organizational chart outlining all staff positions; • Written vision and mission statement on file; • Has constitution/bylaws; • Has an executive board.	None
A2: Planning	• The organization is in the process of developing a current Strategic Plan. The previous SP covered 2010-1015; • Stated there is an annual costed work plan but not able to verify.	• PI should review SP when completed. PI should also require quarterly and annual work plans be submitted as part of the LIP's quarterly report and each work plan should be reported against in the quarterly report.
A3: Finance	• Full time finance office on staff; • Has multiple bank accounts with more than one signatory; • There are written finance policies and procedures including procurement; • Audit conducted within the past two years.	None
A4: Grants management	• Has submitted several successful proposals that have been funded by different donors including Global Fund, UN Women, Oxfam GB, and GOAL Ireland among others; • Provides individual donors financial reports; • Has five current donor-funded projects including *Nilinde*; • Also receives in-kind support.	None
A5: Administration and Human Resources	• Has a child protection policy; • HR manual is available with written job descriptions for each position; • There is an opening for a program coordinator; • The LIP is housed in a physical office space with office furniture, computers, printers, and access to the Internet via Wi-Fi. There are power shortages however they have a back-up generator.	None

Table 4c: YIKE: Strengths, Weaknesses and Recommendations

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition	• Organizes community forums to discuss and gauge community food needs along with mobilizing and sensitizing community on importance of proper nutrition; • Creates awareness on nutrition.	• Does not conduct house hold needs assessments on nutrition; • Has not established feedback mechanisms within the community to monitor community needs; • Has not mapped the community; • Has not established mechanisms to promote good nutritional practices; • Does not provide food or micronutrient-supplementation support to OVC; • Does not promote dietary diversity; • Does not link OVC HHs to livelihood programs nor build capacities on proper food production, storage and preservation.	• If YIKE is expected to perform services in this area that they have not to this point performed (outlined in the weakness column), they will need to receive funding and training from *Nilinde* to fill the noted gaps.
B2: Education and Vocational training	• States ensures safe school environment but unable to verify; • Promotes ECD; • Creates of child-friendly HIV/AIDS and gender-sensitive learning spaces by review of progress reports; • Strengthens community-school relationships; • Supports market-driven vocational training; • Hold meetings with stakeholders to increase awareness of OVC rights; • Advocates for OVC education with caregivers.	• Does not support transition of girls from primary to secondary school; • Does not hold community forums to ID OVC who do not attend school; • Does not collect data on barriers to education • Does not conduct site visits to schools to monitor OVC attendance; • Has not developed written agreements with schools to create clear roles and responsibilities in provision of education to OVC nor encourage institutions to enhance support to OVC; • Does not liaise with stakeholders to inform vocational training opportunities for OVC.	• The LIP noted that the activity gap is due to funding issues. If their agreement with *Nilinde* is to provide these services, then funding will need to be provided to ensure the gaps are filled.

B3: Health	• YIKE provides documented support for the following: • ID's common health problems within the community; • Has an assessment tool to ID and assess OVC health needs; • Promotes HIV testing and counseling; • Forms age-specific peer clubs; • Forms HIV support groups; • Collaborates with other providers to create age-specific BCC messaging; • Educates caregivers and older OVC on health prevention/promotion needs including safe water and sanitation; • Refers sexually abused children; • Creates access points to safe water for OVC and their HH; • Discusses with girl OVC and caregivers regarding proper female hygiene.	• Does not provide training to service providers on HIV prevention, BCC, life skills etc.; • Does not provide HIV treatment literacy; • Does not ID HIV-at risk youth and link them to appropriate services; • Does not sensitize CHVs and OVC committee members on health prevention/promotion needs of OVC; • Does not conduct HH assessments to determine access to safe water and sanitation.	• Referrals and linkages with the MOH and supporting the CHVs should be strengthened in order to strengthen the continuum of care for OVC and their households; • LIP notes again that gaps are due to funding levels. If *Nilinde* is expecting these gaps to be filled, funding will need to be provided.
B4: Psychosocial support	• The LIP provided document evidence in the conduct of the following activities: • Participation in community forums to inform the community on PSS; • Conducts participatory PSS awareness; • Provides platforms for OVC to express their needs; • Facilitates formation of peer PSS groups.	• Does not provide guidance to CHW, service providers and caregivers on provision of PSS; • Does not conduct PSS needs assessments among community PSS providers to ID gaps; • Has not created an inventory of PSS providers which could be useful in working with OVC; • Does not provide on-going mentorship for caregivers engaged in provision of PSS.	• LIP again notes that funding constraints is the primary reason there are gaps in this area. Should their agreement with *Nilinde* include provision of all of these services, YIKE will need to negotiate with *Nilinde* to provide funding necessary to fill these gaps.

B5: Child protection	• The LIP provides almost all of the activities/strategies as defined under the Child protection section of the OVC minimum standards noted on the assessment tool; • Staff has good technical understanding of the strategies; • Supporting documents well documented and easily retrievable.	• Does not facilitate alternate family care for OVC; • Does not provide services/support to address OVC with disabilities.	• The gaps in this area are very few. Training as well as funding will be provided if the LIP is expected to fill these gaps.
B6: Household economic strengthening	• Collaborates with existing education and training resources; • Creates links to OVC child protection: assists with birth registration and legal ID cards; strengthens linkages between formal and informal child protection systems; networks with other child protection organizations; links with DCS; • Staff participate in AAC; • Links OVC with legal protection mechanisms; • Makes referrals and follow-ups to all PSS services.	• Does not participate in cash transfer program, NHIF, Local Authorities Trust Fund/CDF, youth empowerment centers, asset transfers or Savings Group Plus; • Does not great linkages for OVC to health services, food and nutrition or educational/vocational training; • Does not facilitate succession planning; • Does not connect child-headed households with mentors.	• If a priority to the LIP and the *Nilinde* activity, the LIP will need capacities built to implement all aspects of this area.
B7: Shelter and care		• As of this assessment, YIKE has not been involved in implementing any aspects of shelter and care.	• If *Nilinde* is expecting YIKE to provide services in this area, training and funding will need to be provided to ensure activities in this area are implemented.
B8: Coordination of care		• As of this assessment, YIKE has not been involved in implementing any aspects within this area.	• This is a critical area for OVC and *Nilinde*. YIKE will need funding and expertise to ramp up to implement all areas within this sector.

B9: Monitoring evaluation and knowledge management	• Has an M&E and knowledge management unit with written job descriptions; • Staff has training on M&E; • Through linkages has access to expertise when needed, for example in 2014 conducted an end-term evaluation.	• Does not have an M&E plan; • OVC reporting tools are not available; • OLMIS has not been installed and is still not understood by the YIKE team; • Mechanisms to check the OVC data quality yet to be developed; • CPMIS does not currently exist and is not understood by LIP; • There is a gap in training for M&E staff in HIV.	• Develop an M&E plan as a matter of urgency including indicators. Tie to the strategic plan; • Work with *Nilinde* to develop and/or adopt OVC reporting tools; • Install OLMIS and ensure staff has capacity to use; • Develop mechanisms to check OVC data quality e.g. RDQAs; • If CPMIS is to be adopted for use by LIPs then there is need to sensitize and build capacity of the LIPs on the same; • Provide staff training in HIV monitoring.

Annex 9: Movement of Men Against Aids (MMAA)

Table 5a: MMAA: Review of the LIP Documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Vision and Mission	• Available in the Strategic Plan.	• The Vision and Mission statements are not clearly displayed in the organization.	• The Vision and Mission statements should be clearly displayed for staff to articulate.
Organizational Chart	• Organogram available with clear positions within the organization and lines of reporting.	None noted	None
Strategic Plan	• Current Strategic Plan 2012-2016	None noted	• Expedite development of new SP.
Recent Board Minutes	• Minutes are available filed for easy access.	None noted	None
Work plans	• Annual work plans are available and are costed.	None noted	None
Financial and Procurement Policy	• Has a finance officer; finance and procurement policies; has a bank account registered in name of organization; has been audited in the past two years; maintains income/funding and expenditure records and has three signatories on the accounts.	None noted	None
M&E Plan	• Has M&E staff with written job descriptions.	• No M&E Plan; no data collection tools; no standard reporting format; • There is no data flow between management and implementation levels; • Activities have not been evaluated in the past two years.	• Develop an M&E plan including indicators, baselines, milestones and targets; • Develop data collection tools with standard reporting format; • As a matter of urgency, establish data flow between management and implementation levels.
Monthly, Quarterly, Annual reports	• Reports are available and are produced within stipulated timelines.	None noted	None
Quarterly Budgets	• Quarterly activity budgets available	None noted	None

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
	and appear complete.		
Recent Audit Reports	• Audit up to date, UNTF and SIDA projects audited.	None noted	None
Financial Reports	• Up to date detailed financial reports available for each project.	None noted	None
HR Manual	• Employee Handbook is available and spells out the HR policies.	None noted	None
Child Protection Policy	• Has a Child Protection Policy.	None noted	None

Table 5b: MMAA: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations/Remedial Action
Theme A: Institutional Development		
A1: Governance	• Has a governing board comprising of 7 member (3 women and 4 men); • Has a written constitution/by law (2002).	• Might consider revisiting the constitution to determine if it needs to be updated.
A2: Planning	• Current Strategic Plan (2012 -2016); annual work plan costed.	• Current Strategic Plan should be reviewed before 2017 and annual work plan costed.
A3: Finance	• Has a finance officer; • Bank account in LIP's name with more than three signatories; • Has undergone an audit in the last two years; • Receives funding from multiple donors; • Maintains income/funding and expenditure records; • Written finance procedures, procurement policy and procedures are available and appear to be well maintained.	None
A4: Grants management	• Develops and submits proposals for funding; • Has other active donor projects other than *Nilinde Project (GBV Child Rights SIDA,* AIDS Free Pediatric Care and Support*, USAID, HTC APHIA JIJINI.*	None
A5: Administration and Human Resources	• Has a child protection policy; written Human Resource (HR) manual; unfilled/vacant staff position in the organogram; has enough physical office space equipped with office furniture with several working computers and printers and backup generator to take care of power outages.	• Written job descriptions should be easily available; • Vacant positions should be filled (IT, M&E and Communications).

Table 5c: MMAA: Strengths, Weaknesses and Recommendations

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition		• This is not an area in which the LIP has been working.	• If *Nilinde* is providing funds to the LIP for this area, funding will need to be provided to train staff, or staff with experience and education in this area will need to be hired.
B2: Education and Vocational training	• Promotes access to early childhood development (ECD) programs (training CHVs on ECD); • Creates child-friendly and HIV/AIDS non-discrimination and gender-sensitive learning spaces; • Strengthens community- school relationships; • Supports the transition of girls from primary to secondary school through sensitization	• This has not been an area of priority for the LIP in the past. Gaps are many with exception of strengths noted.	• Should discuss with *Nilinde* which, if any of the gaps are priorities for the activity and if so, resources will need to be brought to bear to fill the gaps.
B3: Health	• Provides all of the activities/strategies as defined under the Health section of the OVC minimum standards with the exception of the gaps noted.	• Yet to develop an assessment tool to use to identify and assess the health needs of OVC and their households; • Has not conducted a household assessment to determine the current access to safe water and sanitation practices.	• Work with *Nilinde* to ensure resources to implement activities to fill the gaps noted.
B4: Psychosocial support	• Participates in community fora to inform community on PSS care for OVC; • Provides guidance to CHWs and service providers and caregivers on provision of PSS; • Conducts participatory PSS awareness;	• This does not appear to have been a priority area of intervention at the time of the assessment.	• If PSS services is deemed a priority within *Nilinde* will need to ensure that resources are allocated to implement activities that will fill the current gaps in this area.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B5: Child protection	• Provides all of the activities/strategies as defined under the Child Protection section of the OVC minimum standards with the exception of the gaps identified.	• Does not facilitate alternative family care for OVC in need of care and protection; • Does not train members of existing community structures such as AAC, Volunteer Children's Officers in identifying, reporting and investigating child rights abuses; • Does not provide services/support to address OVC with disabilities; • Does not organize fun/play days for OVC.	• Develop plan to facilitate children in need of alternate family care, perhaps by liaising with other implementers are capable of finding replacement families and providing follow up; • Develop system to document OVC with special needs who have been referred to other agencies for assistance. Documentation should include follow up to ensure needs are being addressed.
B6: Household economic strengthening	• Links with other providers to facilitate savings groups; • Links with other organizations to track referrals of OVC and/or their HH to health facilities; • Links with other organizations to facilitate birth certificates and ID cards; • Staff participates in local AACs. • Links with other organizations for PSS.	• This does not appear to be an area of priority for interventions to date. There are multiple gaps with the exception of the strengths noted	• Will need financial and capacity building support if required to increase services provided in this area.
B7: Shelter and Care		• As of the date of the assessment, the LIP has not conducted activities in this area.	• Should the agreement between *Nilinde* and the LIP include this area, funds will need to be provided to implement activities as well as to hire staff with capacity to undertake these activities.
B8: Coordination of Care		• As of the date of the assessment, the LIP has not conducted activities in this area.	• As a matter of urgency, suggest the LIP conduct mapping of local service providers with whom they could work; • As a second step, ensure their database is maintained and linked with county/national databases.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B9: Monitoring evaluation and knowledge management	• Written position descriptions; • Has capacity to write reports and use data for decision making; • Has presented results from its programs at meetings in the past two years; • Routine supervision of program activities includes data review.	• One M&E Focal Person (Not Trained); • Does not have plan to strengthen ME functions; • Does not have an M&E plan; • Does not use a database to support its implementation and M&E of OVC activities; • Organization does not have OLMIS and CPMIS databases; • Has not had an activity evaluation in the past two year; • It is not clear if data flows between the implementation level and management;	• Requires support on M&E and knowledge management; • With support design a robust M&E plan with indicators, targets, milestones and dates; • Capacity building on OLMIS and CPMIS databases'; • Ensure data is actively flowing between implementation and management and ensure that these data are being used to manage the activity.

Annex 10: Youth Development Forum

Table 6a: Youth Development Forum: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Vision and Mission	• Yes but not available for review.	• Not clearly displayed in the organization.	• Display the vision and/or mission statement of the LIP clearly to remind the staff every time they see it what their mission/vision should be.
Organizational Chart	• Organogram available with clear positions within the organization and the reporting lines.	None noted	None
Strategic Plan	• Stated as existing.	Not Verified	• Ensure the Strategic Plan is accessible in hard copy.
Recent Board Minutes	• Minutes are available and well filed	None noted	None
Work plans	• Annual work plans are available divided by: children, women groups & youth.	• Annual plan not costed	• The LIP should cost the work plan
Financial and Procurement Policy	• Has a finance officer; finance and procurement policies; has a bank account registered in name of organization; • Has been audited in the past two years; maintains income/funding and expenditure records; • Received funding from AVIS, CARE International DKA and donations in kind from KCDF; • Has three signatories on the accounts.	None noted	None
M&E Plan	• Has M&E staff with written job descriptions.	• No M&E Plan; no data collection tools; no standard reporting format; there is no data flow between management and implementation levels; activities	• Develop an M&E plan including indicators, baselines, milestones and targets. • Develop data collection tools with standard reporting format.

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
		have not been evaluated in the past two years.	
Monthly, Quarterly, Annual reports	• Reports are available and are produced within required timelines; They are well filed.	None noted	None
Quarterly Budgets	• Quarterly activity budgets available and well maintained.	None noted	None
Recent Audit Reports	• Audit up to date, last audited in 2015.	None noted	None
Financial Reports	• Up to date detailed financial reports available for each project.	None noted	None
HR Manual	• Employee Handbook is available and spells out the HR policies; • Has written job descriptions for all positions; • Has physical office furnished office space with computers and printer; • Experiences power outages but has backup generator; • Management team has access to the Internet.	• At time of assessment had open program manager position.	• Recruit and hire PM.
Child Protection Policy	• Has a Child Protection Policy	None noted	None

Table 6b: Youth Development Forum: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations/Remedial Action
Theme A: Institutional Development		
A1: Governance	• Has a board membership of 7 that takes care of all the LIP issues of governance, resource mobilization, ensures the LIP operates as per the constitution and provides oversight to the management.	None
A2: Planning	• Has a strategic plan but unable to verify; • Work plan divided into three: children, women's groups and youth; • Does not have a costed work plan.	• LIP should cost the work plan.
A3: Finance	• Finance structure and systems are well structured and functional, and financial reports appear to be well maintained.	None
A4: Grants management	• Develops and submits proposals for funding; • Received funding from different donors including CARE International AVSI, KCDF and DKA as well as received donations in kind; • Has other active donor projects other than *Nilinde Project*.	None
A5: Administration and Human Resources	• Has child protection policy in place; • Has HR manual with written job descriptions; • Has a Program Manager vacancy; the job description will be developed to take care of all *Nilinde* activities; • Has physical office space with computers and printers with access to Internet and has a backup generator.	• Have PM position recruited and ready to hire soonest the agreement is signed and funds available.

Table 6c: Youth Development Forum: Strengths, Weaknesses and Recommendations

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition		• LIP has not implemented activities in this area and does not currently have staff trained for these types of activities.	• If *Nilinde* is providing funds to the LIP for this area, funding will need to be provided to train staff, or staff with experience and education in this area will need to be hired.
B2: Education and Vocational training	• The LIP provides most of the activities/strategies as defined in the Education and Vocation training support section of the OVC minimum standards with exception of the gaps noted.	• Does not visit schools to monitor age and gender appropriateness of efforts that promote educational progress of OVC; • Does not have written agreements with participating schools creating clear roles and responsibilities in provision of education and training support for OVC.	• Given that the assessments shows very few gaps in services, unless these gaps are priorities within the *Nilinde* activity, it would not be necessary to add these activities to the work plan unless so directed by *Nilinde*.
B3: Health	▪ Identifies common health problems in communities; ▪ Provides HIV prevention, BCC, life skills, adolescent and reproductive health training to teachers; ▪ Promotes formation of age-specific peer clubs; ▪ Collaborates with other HIV prevention programs and IDs HIV-positive OVC and OVC at risk for HIV; ▪ Refers sexually abused children for services ▪ Creates access points for safe drinking water; ▪ Discusses with girl OVC and caregivers proper hygiene.	• Needs an assessment tool to ID the health needs of OVC; • Does not promote HIV counseling and testing for OVC; • Does not provide HIV treatment literacy; • Does not provide sensitization to parents/caregivers on health prevention/promotion needs of OVC; • Does not provide training to CHWs on curative health aspects; • Does not conduct HH assessments to determine access to safe water and sanitation practices; • Does not conduct community education on WASH.	• There are some significant gaps within this area. LIP should discuss priorities for filling these gaps with *Nilinde* staff to determine which if any, should be implemented in the *Nilinde* activity; • Ensure staff is hired and/or capacities built if needed to implement these additional activities.
B4: Psychosocial support	▪ The LIP provides all of the activities/strategies as defined under the Psychosocial support section of the OVC minimum standards with the exception of the gaps noted; ▪ Staff has good technical understanding of the strategies.	• Has not conducted PSS needs assessments among community PSS providers to ID gaps and determine training needs; • Has not created an inventory of current PSS providers who work with OVC; • Does not provide on-going support and mentorship for caregivers and home visitors engaged in the provision of PSS.	• The LIP should be supported in conducting the PSS assessments and developing directories for service providers.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B5: Child protection	• The LIP implements the following activities/strategies as defined under the child protection section of the OVC minimum standards; • Educates stakeholders and caregivers on their role in child protection; • Trains children and stakeholders on child rights; • Trains caregivers on how to recognize abuse and educate on their roles in holding protection services accountable to children; • Does have knowledge of the Child Helpline services for reporting cases of child abuse but reported rarely uses; • Establishes mechanisms to support children's participation in protection; • Disseminates national guidelines; • Links OVC with special needs to social safety nets and to rehab/integration services; • Sensitizes caregivers on positive parenting; • Organizes fun/play days. Staff has good technical understanding of the strategies.	• At the time of the assessment, the following gaps were noted: • Does not hold forums to educate community and OVC on GBV prevention; • Does not facilitate alternative family care; • Does not train members of existing community structures to ID, report and investigate child rights abuses; • Does not ensure children know not to report an abuse and find protection services; • Does not keep track of existing child protection service providers.	• The LIP should keep documentation for any OVC with special needs and the services to which they have been referred.
B6: Household economic strengthening	• Provides directly or through linkages all of the activities/strategies as defined under the HES section of the OVC minimum standards with the exception of the areas noted as gaps; • Has 20 children with disabilities and have formed a support group for PSS and their education and vocational training to ease economic pressure on the households with children with disability.	• Does not provide linkages to OVC-CT; asset transfers; food and nutrition; formal and informal child protection and PSS; • Does not provide succession planning; • Staff members do not participate in local AACs; • Does not connect child-headed households with role models/mentors.	• Suggest working with the *Nilinde* team to determine priorities for increasing implementation of services within this area; • Ensure adequate staff and training to undertake implementation of the new activities.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B7: Shelter and care		• As of this assessment, the LIP is not implementing activities in this area.	• If the LIP's agreement with *Nilinde* covers this area, staff will need to be either hired and/or trained to implement required activities.
B8: Coordination of care		• As of the date of this assessment, the LIP is not implementing activities in this area.	• If the LIP's agreement with *Nilinde* covers this area, staff will need to be either hired and/or trained to implement required activities.
B9: Monitoring evaluation and knowledge management	• The LIP has an M&E and knowledge management unit; • The M&E staff have training on M&E.	• The LIP has not yet developed an M&E plan; • OVC reporting tools are not available; • OLMIS has not been installed and is still not understood by the LIP; • Mechanisms to check the OVC data quality yet to be developed; • Not working (Were given the software by the Children's department but not using it).	• The LIP must develop an M&E plan • OVC reporting tools should be provided • OLMIS should be installed and staff capacity build on the same • Mechanisms to check OVC data quality e.g. RDQAs should be developed/enhanced • If CPMIS is to be adopted for use by LIPs then there is need to sensitize and build capacity of the LIPs on the same.

Annex 11: HOPE Worldwide (HWW) Kenya

Table 7a: HWW: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Vision and Mission	• The Vision and Mission of the organization written in the Strategic Plan (Latest 2010-2013).	• Not clearly displayed in the organization.	• The Vision and Mission statements should be clearly displayed for staff to articulate.
Organizational Chart	• Organogram available with clear positions within the organization and the reporting lines.	• None noted	• None
Strategic Plan	• Available 2010-2013 version.	• The SP timeline has elapsed (2010-2013) and the LIP is currently developing a new one.	• Expedite development of new SP.
Recent Board Minutes	• Minutes are available and filed within the office.	None noted	None
Work plans	• Available.	• Annual plan not costed.	• Need to cost the annual work plan; • Should have a masterwork plan for all projects.
Financial and Procurement Policy	• Has a finance officer; finance and procurement policies; has a bank account registered in name of organization; • Has been audited in the past two years (2015); • Maintains income/funding and expenditure records, has three signatories on the accounts.	• Finance manual is dated 2007 it's been reviewed and updated through addendums.	• LIP full review the entire finance manual and update.
M&E Plan	• Has full time M&E officer with written job description; • Has an M&E plan linked to the SP and includes measurable OVC-related indicators; • Has data collection tools; • Has standard reporting formats and documented data flow between implementation level and management; • Staff is formally trained in M&E;	None noted	• Ensure M&E plan is tied to the new Strategic Plan.

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
	• Has a clear plan to strengthen M&E systems; • Provides in-service training and mentoring; • Activities were evaluated in 2015; • Has the ability to link to other entities when evaluation expertise is needed.		
Monthly, Quarterly, Annual reports	• Reports are available and are produced at stipulated timelines. They are well filed.	None noted	None
Quarterly Budgets	• Quarterly activity budgets available and well maintained.	None noted	None
Recent Audit Reports	• Audit up to date, last audited in 2015.	None noted	None
Financial Reports	• Up to date detailed financial reports available for each project.	None noted	None
HR Manual	• Employee Handbook is available and spells out the HR policies, reviewed January 2015.	None noted	None
Child Protection Policy	• Has a Child Protection Policy developed in 2008, revised in 2016	None noted	None

Table 7b: HWW: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations/Remedial Action
Theme A: Institutional Development		
A1: Governance	• A governing board is in place, comprises 6 members making decision making difficult, as there is possibility of ties during voting.	• Increase board members; preferably opt for an odd number to avoid ties when voting.
A2: Planning	• Strategic Plan expired in 2013. The organization is in the process of developing a current Strategic Plan. Does not have annual costed work plan.	• Compete SP soonest possible for the coming five years, should not wait almost 3 years (2010 - 2013) after the last comes to an end to come up with one.
A3: Finance	• Finance structure and systems are well structured and functional, and financial reports appear to be well maintained.	None
A4: Grants management	• According to the management, they developed some successful proposals that have been funded by different donors including CDC, Care, International Global Fund, thro' Kenya Red Cross, Grant Challenges – Canada, Coca Cola Foundation, REPSI (SA) USAID; produces financial reports to donors; has other active donor projects other than *Nilinde Project.*	None
A5: Administration and Human Resources	• Has child protection policy in place with code of conduct for employees developed in 2008, *(revised March 2016*); has written HR manual *(revised January 2015)* with written job descriptions; (though assessor could not verify for all the positions); has one unfilled/vacant staff position in the organogram; has physical office space with computers, printers with access to internet and backup generator to take care of power outages.	• LIP should consider filling the vacant position, urgently if it is a *Nilinde* position.

Table 7c: HWW: Strengths, Weaknesses and Recommendations

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition	• The LIP provides **all** of the activities/strategies defined under the food and nutrition section of the OVC minimum standards.	None noted	None
B2: Education and Vocational training	• The LIP provides **all** of the activities/strategies as defined under the education and vocational training section of the OVC minimum standards with the exception of the gap noted.	• Does not visit schools to age and gender appropriateness of efforts that promote educational progress of OVC.	• If this is a priority for the LIP and *Nilinde* moving forward, LIP will need to include these visits in their activities.
B3: Health	• The LIP provides **all** of the activities/strategies as defined under the health section of the OVC minimum standards with the exception of the gap noted.	None noted	None
B4: Psychosocial support	• The LIP provides **all** of the activities/strategies as defined under the psychosocial support section of the OVC minimum standards.	None noted	None
B5: Child protection	• The LIP provides **all** of the activities/strategies as defined under the Child protection section of the OVC minimum standards with the exception of the two gaps noted.	• Does not disseminate national guidelines on child participation through forums and community events; • Does not provide services/support to children with disabilities.	• If the gaps are priorities to the *Nilinde* activity, suggest the LIP begin implementation planning.
B6: Household economic strengthening	• Through linkages or direct service provisions, provides **all** of the activities/strategies as defined under the HES section of the OVC minimum standards.	• Limited to Makueni and parts of Nairobi County.	• Strengthen linkages with other agencies providing services where gaps were found to ensure wider area coverage.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B7: Shelter and care	• Provides **all** of the activities/strategies as defined under the Shelter and Care section of the OVC minimum standards with the exception of the gaps noted.	• Does not facilitate after-care services that enable OVC to be integrated into the community; • Does not provide basic training on skills on shelter construction and maintenance.	• If gaps are a priority to *Nilinde*, suggest adding missing services to LIP activities.
B9: Monitoring evaluation and knowledge management	• The LIP has an M&E and knowledge management unit; • M&E plan includes measurable OVC-related indicators with data collection tools and standard reporting format; • Has data collection tools designed to capture OVC data; • Has documented data flow between implementation level and management. • Maintains OLMIS database; • Produces program reports for donors as well as various ministries for which they receive feedback; • Shares learning and best practices with other CBOs/FBOs.	• OLMIS and CPMIS not linked to the county/national OLMIS database; • Does not maintain CPMIS data base; • Is not currently tied to the LIPs Strategic Plan, which is outdated.	• LIP needs to be supported in linking database to county/national OLMIS database

Annex 12: KADAMWA CBO

Table 8a: KADAMWA: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Vision and mission statements	• Vision and mission statements seen and verified; • They are posted on the wall.	None	None
Organization structure	• The executive committee members seen and verified; • Organizational chart with all staff positions seen and verified.	• Staff shown but without clear reporting lines.	• Comprehensive structure showing both board, staff and reporting lines needed.
Board meetings	• Held regularly (How often); • Board members are also CHVs.	• Does not incorporate other expertise.	• Need to incorporate other expertise to strengthen governance.
Strategic plan	• None	• No strategic plan.	• PI needs to work with LIP to develop a written strategic plan.
Work plans	• Has costed work-plans for *Nilinde* activity.	• No costed work-plans for other organizations activities.	• Should have a costed work-plan for all the organizations activities.
M & E Plan	• Has a written M & E Plan with OVC-related indicators.	• It is not linked to the strategic plan since there is none.	• Incorporate the M&E plan into the five-year SP; • Ensure M&E plan is tied to OVC-indicators with targets and milestones. Ensure indictors have corresponding performance indicator reference sheets.
Quarterly Budgets for the past one year	• Has for *Nilinde* activity.	• None for other projects in the organization.	• Need to have quarterly budgets for all projects and activities.
Audit reports	• Internal financial audit done in the last 2 years.	• No external financial audit	• External financial audit needs to be done for the organization.
Financial policies and procedures manual	• Has written finance policy and procedures manual (in soft copies), which is also uploaded, on their Internet portal.	• No hard copy despite frequent power outages that limits access to the manual.	• Need to have hard copies for ease references
Procurement policies, plans, vouchers	• Has written procurement policy and procedures, maintains income and expenditure records.	• No evidence of procurement policy compliance; lacking skill to enforce compliance.	• Need a full time accountant/procurement officer to strengthen compliance.
Progress/technical reports,	• Reports prepared as required by donors and relevant ministry	• Lacking the knowledge and funds to prepare periodic reports and evaluate	• PI need to support LIP to prepare program reports, utilize the reports for decision-

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Evaluation/donor reports	departments.	projects.	making and to improve service delivery.

Table 8b: KADAMWA: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations
Theme A: Institutional Development		
A1: Governance	• LIP has a) an organizational chart with all staff positions b) a written vision and mission statement c) written constitution d) a board. However, the composition of the board is limited and no clear separation of roles between the board and management.	• Board composition needs to be diversified and there should be a clear separation of roles between the board and management; • Need for orientation of the board members.
A2: Planning	• There is no strategic plan in place but they have an annual costed work plan for the *Nilinde* activity.	• LIP should seek assistance in developing a five-year strategic plan. The plan should inform annual work plans.
A3: Finance	• LIP has a bank account registered in its name at Cooperative Bank of Kenya, Kariobangi branch with three mandatory signatory authorities (Chairman, Secretary and Treasurer) with clear authorization limits; • They have written finance and procurement policies and procedures manuals; • Underwent an internal financial audit in the past two years but no external financial audit; • Most of the support they get is in kind in form of computers, subsidized rent and utilities and supplies for children; • Has no full-time finance officer or accountant.	• LIP needs to be supported to conduct external financial audit; • As a matter of urgency, recruit and hire a strong finance officer/manager.
A4: Grants management	• LIP develops and submits proposals for funding and produces financial reports for donors; • Has successfully received funding from World Vision and *Nilinde* activity. This activity is under an end-term evaluation and currently there are no other active donor projects.	• LIP needs further capacity building in grant management.

A5: Administration and Human Resources	• LIP has a) its own child protection policy b) written human resource manual c) written job descriptions; • LIP has vacant staff positions in its organogram and these include finance officer, HR officer, field officers, office administrators, and a Project Manager position. All their human resources are volunteers; • LIP has an office space equipped with office furniture and three computers but no printer; • They experience electrical power outages and have no regular access to Internet. Instead they have a "flybox" that serve two desktops and several mobile phones.	• LIP should work with the *Nilinde* team to determine which positions if any, can be supported by the *Nilinde* grant and once determined, encourage the LIP to fill these positions soonest possible. Review *Nilinde* agreement to determine whether or not equipment may be purchased with activity funds and if so, procure soonest. If no equipment has been budgeted for in the *Nilinde* agreement, advocate to see if these can be added to the budget. Included in this line item should be procurement of adequate Internet services for the team and a small backup generator.

Table 8c: KADAMWA: Strengths, Weaknesses and Recommendations

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition	• Provides all of the activities/strategies as defined under the Food and Nutrition section of the OVC minimum standards with the exception of those noted as gaps.	• Do not organize forums to discuss and gauge the community's food and nutrition needs due to lack of funds; • Does not establish mechanisms to promote good nutritional practices among OVC and their families.	• If *Nilinde* is providing funds to the LIP for this area, funding will need to be provided to support noted gaps.
B2: Education and Vocational training	• Provides directly or through referrals all of the activities/strategies as defined under the Education and Vocational Training section of the OVC minimum standards with the exception of the gaps noted.	• Works mostly through referrals and noted the referral mechanisms are not very strong; Are yet to develop written agreements with participating schools and institutions creating clear roles and responsibilities in provision of education and training support for OVC.	• If *Nilinde* is providing funds to the LIP for this area, funding will need to be provided to strengthen referrals; • LIP needs to be supported to develop written agreements with participating schools.
B3: Health	• Through linkages or direct service provisions, provides all of the activities/strategies as defined under the Health section of the OVC minimum standards with the exception of the gaps noted.	• No provision of training to service providers on HIV prevention, behavior change, life skills due to lack of capacity and funding; • Does not create access points to safe and clean water for OVC households due to funding constraints.	• If the LIP is receiving funds from *Nilinde* to implement health activities, staff with experience and education will need to be hired to fill the gaps noted
B4: Psychosocial support	• Through linkages or direct service provision, provides all of the activities/strategies as defined under the PSS section of the OVC minimum standards with the exception of the gaps noted.	• Participation in community fora and national days based on funding; PSS provider's inventory not comprehensive.	• Update the database of current PSS providers to which referrals can be made when needed.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B5: Child Protection	• Through linkages or direct service provision, provides all of the activities/strategies as defined under the Child Protection section of the OVC minimum standards with exception of gaps noted.	• Training AACs and existing community structures in identifying, reporting and investigating child rights abuses due to lack of capacity and funding; • Tracking of existing child protection service providers	• If the LIP is receiving funds from *Nilinde* to implement child protection activities, staff with experience and education will need to be hired; • LIP should develop a database of current Child protection Service providers to which referrals can be made when needed.
B6: Household Economic strengthening	• Through linkages or direct service provisions, provides all of the activities/strategies as defined under the HES section of the OVC minimum standards.	• No linkages to OVC cash transfer, agribusiness, value addition and marketing opportunities.	• Linkages and referrals for Household Economic Strengthening initiatives need strengthening.
B7: Shelter and Care	• Provides all of the activities/strategies as defined under the Shelter and Care section of the OVC minimum standards with the exception of gaps noted.	• No consultative meetings with stakeholders to determine mechanisms and procedures for providing OVC with shelter and care; • No provision of basic skills on the needs of OVC regarding shelter and care support.	• Need to participate in consultative meetings with stakeholders on OVC shelter and care provision; • If the LIP's agreement with *Nilinde* covers this area, staff will need to be either hired and/or trained to implement required activities.
B8: Coordination of Care	• Conducted local mapping of OVC service providers and established a database.	• Database of OVC services and service providers not updated as needed and also not linked with national/county databases due to funding constraints.	• Update database and link to county/national database.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B9: Monitoring evaluation and knowledge management	• Has M&E staff person with written job description; • Staff have M&E training and there is a clear plan to strengthen the capacity of the staff; • Plan includes OVC-related indicators with tools in place to capture data; • There are standard reporting formats and there is a documented flow of data between the implementation and management levels; • Has presented program results at meetings; • Does have mechanisms to check the accuracy of OVC data and there is routine supervision of program activities and data review.	• Have limited knowledge of M & E and knowledge management; • Activities have not been evaluated in the past two years; • Does not have linkages to other entities who can provide evaluation expertise; • OLMIS used but has error not linked to county/national MIS. CPMIS not used; • LIP does not produce regular program reports.	• LIP needs technical support on M&E and knowledge management including use of OLMIS; • Need to link OLMIS to county/national data base, but lack technical skills; • Need to be supported to produce regular program reports to donors and other partners as needed.

Annex 13: St. Martins Primary School, Kibagare

Table 9a: St. Martins Primary School: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Vision and mission statement	• The Vision and Mission of the organization are clearly articulated.	None	None
Organization structure	• Organizational chart is available and displayed on the notice board.	• Only for the *Nilinde* activity.	• Comprehensive organizational structure showing both board and staff in all projects needed.
Board committee	• Board is selected from members of Assumption Sisters, founders and one of the donors of the organization.	• Does not include representatives from the local community.	• Consider incorporating representatives from the local community
Strategic plan	• Has a concept note representing their strategic plan.	• Not a strategic plan as per the basic definition.	• LIP should be supported to develop a five-year strategic plan.
Work plans	• Has costed annual work plans.	• The work plan is only for the *Nilinde* activity.	• LIP should be supported to develop costed annual work plans for all the organizations activities.
M & E Plan	• Has an M & E Plan.	• It is not linked to the Strategic Plan because there is no strategic plan.	• Need to link the M & E plan to the strategic plan once it's developed.
Quarterly Budgets for the past one year	• Has for all activities.	None	None
Audit reports	• Internal and external audits done in the last 2 years.	None	None
Financial policies and procedures manual	• Has written financial policies and procedures manual.	None	None
Procurement policies, plans, vouchers	• Has written procurement policy and procedures manual, maintains income and expenditure records.	None	None
Progress/technical reports, Evaluation/donor reports	• Reports prepared as required by donors and relevant ministry departments.	None	None

Table 9b: St. Martins Primary School: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations/Remedial Action
Theme A: Institutional Development		
A1: Governance	• LIP has a) an organizational chart with all staff positions b) a written vision and mission statement c) written bylaws d) a board. However, the composition of the board is limited.	• Needs to be strengthened, particularly composition of the board to incorporate other stakeholders.
A2: Planning	There is no strategic plan in place (they have a concept note that needs to be developed further into a strategic plan) but they have an annual costed work plan for *Nilinde* activity.	• PI should support LIP to complete a written strategic plan.
A3: Finance	• Has a bank account registered in its name with three mandatory signatory authorities (Director, a member of congregation and a member of Assumption Sisters) with clear authorization limits; • They have written finance and procurement policies and procedures manuals; • Has undergone internal and external financial audit in the past two years; • Most of the support they get is in kind in form of laptops and firewood from Red Cross; • Have received funding from Kindermissions Werk, Sales force and Mission Monich; • Has full-time finance officer for the management.	None
A4: Grants management	• The Director, Finance Officer and Project Manager all contribute to required grants management; • Develops and submits proposals for funding and produces financial reports for donors; • Has successfully received funding from Kindermissions Werk (KES 4.6M annually), Sales force (KES 3.3M), Mission Monich (KES 1.5M annually), and *Nilinde* activity (KES 4.3M).	None

Key Areas Assessed	Findings	Recommendations/Remedial Action
A5: Administration and Human Resources	• LIP has a) written human resource manual and written job descriptions. These are included in its operations manual; • Has an office space equipped with office furniture with working computer and printer; • Has regular access to the Internet and WIFI; rarely experience electrical power outages. They have a stand-by generator; • It does not have a child protection policy; • They have 50 full time staff (6 of them assigned to the *Nilinde* activity) and 2 volunteers.	• PI needs to be supported to develop its own child protection policy.

Table 9c: St. Martins Primary School: Strengths, Weaknesses and Recommendations

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition		• No food and nutrition support services provided due to lack of capacity and funding.	• If *Nilinde* is providing funds to the LIP for this area, funding will need to be provided to train staff and provide services, or staff with experience and education in this area will need to be hired.
B2: Education and Vocational training	• Promotes access to ECD, completion of primary education and strengthening community-school relationships; • Has written agreements with participating schools and institutions on ECD, primary and secondary schools with clear roles and responsibilities; • Creates child-friendly HIV/AIDS/gender-sensitive learned spaces; • Promotes education with OVC caregivers.	• Only focus on their schools and the OVC enrolled therein; • No deliberate attempts to identify barriers to education and no involvement of community vocational training decisions; • No mobilization and sensitization of the community to support education; • Does not promote higher education for girls and does not work with the community to ID OVC who do not attend school, document reasons for non-attendance and collect data on barriers to education; • Does not visit schools to monitor age and gender appropriateness efforts to promote OVC education; • Does not conduct market assessments to inform vocational opportunities for OVC; • Has not established referral mechanisms to ensure continued educational and vocational support of OVC; • Has not encouraged educational/training institutions to enhance their support of OVC.	• If *Nilinde* is providing funds to the LIP for this area, funding will need to be provided to train staff, or staff with experience and education in this area will need to be hired; • Funding will also be needed to implement the gaps noted in this area.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B3: Health	• Has developed health assessment tool; • Has formed age-specific peer clubs in schools; • Does Identify HIV positive OVCs in schools and refers for appropriate services; • Refers sexually-abused children to their clinics and DCS • Have dispensary.	• No Identification of common health problems in the community due to capacity and financial constraints; • No HIV health prevention or promotion activities such as formation of PSS support groups, providing treatment literacy and collaborating with other HIV prevention stakeholders due to capacity and financial constraints; • No training of service providers and community health workers.	• This has not been an area in which the LIP has worked substantially to date. If their agreement with *Nilinde* is to implement activities in this area, will need to discuss priorities and funding will be needed to hire and/or train the appropriate staff and for activity implementation.
B4: Psychosocial support	• Does provide a platform in schools for OVC to express their needs and ideas.	• This is not an area in which the LIP has focused their activities.	• Should this be a priority for *Nilinde*, funds will need to be provided to train and/or hire staff focused in this area as well as funding provided for implementation.
B5: Child Protection	• Has facilitated the provision of alternative family care for OVC in need of care and protection; • Is aware of child helpline services (staff know 116 and 1199); • Ensures children in schools know how to report an abuse and find protective services; • Links OVC to special schools and support for rehabilitation and reintegration services.	• Has limited capacity to educate on child rights, strengthen partnerships and linkages to initiate and track child protection service providers.	• If the LIP is receiving funds from *Nilinde* to implement child protection activities, staff with experience and education will need to be hired; • Strengthen capacity to provide child protection services and link service providers to the OVC at household and community level.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B6: Household Economic Strengthening	• Has linkages to ECD and school based feeding. Collaborate with training institutions and assist with birth registration and obtaining ID cards.	• No linkages to government service centers or other service providers such as NHIF, CDF, OVC-CT, SILC, VSL, agribusiness, value addition, linkages to market opportunities, DCS, ACC.	• If the LIP is receiving funds from *Nilinde* to implement HES activities, staff with experience and education will need to be hired to strengthen linkages and/or provide direct support.
B7: Shelter and care		• At the time of the assessment, the LIP had not focused on this area of implementation.	• If the LIP is receiving funds from *Nilinde* to implement shelter and care activities, staff with experience and education will need to be hired for the areas within shelter and care the LIP will target moving forward.
B8: Coordination of Care		• This is not an area in which the LIP has focused prior to the assessment.	• This is an important area for the *Nilinde* activity. Funds should be set aside to implement the core activities for this area.
B9: Monitoring evaluation and knowledge management	• Implementing all of the activities/strategies as defined under the M&E and KM section of the OVC minimum standards with exception of the gaps noted.	• M & E plan not linked to strategic plan; • OLMIS used but has error not linked to county/national MIS. CPMIS not used.	• LIP needs to be supported to develop the strategic plan and the M&E plan be linked to it; • Need to be supported to link OLMIS to county/national database.

Annex 14: Redeemed Integrated Development Agency

Table 10a: Redeemed Integrated Development Agency: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Vision and mission statement	• The Vision and Mission of the organization are clearly articulated and posted on wall.	None	None
Organization structure	• Organizational chart is available and displayed on the notice board.	None	None
Board committee	• Board includes members of the church and other stakeholders.	None	None
Strategic plan	• Has a five-year strategic plan.	None	None
Work plans	• Has annual work plans that are costed	None	None
M & E Plan	None	• Has no M&E plan.	• LIP should be supported to develop an M&E plan and be linked to the strategic plan.
Quarterly Budgets for the past one year	• Yes, for all projects	None	None
Audit reports	• Internal and external audits completed in last two years.	None	None
Financial policies and procedures manual	• Has financial policies and procedures manual.	None	None
Procurement policies, plans, vouchers	• Has procurement policies and procedures manual and maintains income and expenditure records.	None	None
Progress/technical reports, Evaluation/donor reports	• Reports prepared as required by donors and relevant ministry departments.	None	None

Table 10b: Redeemed Integrated Development Agency: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations/Remedial Action
Theme A: Institutional Development		
A1: Governance	• LIP has a) an organizational chart with all staff positions b) a written vision and mission statement c) written bylaws d) a board comprised of church members and other stakeholders.	None
A2: Planning	• There is strategic plan in place with an annual costed work plan.	None
A3: Finance	• LIP does not have a full-time finance officer; • Has a bank account registered in its name at Cooperative Bank of Kenya, Kariobangi branch with five signatories - three mandatory signatory authorities (Board Chairman, CEO, Treasurer and 2 board members) with clear authorization limits; • They have both a written finance and procurement policy and procedures manuals; • Has undergone internal and external financial audit in the past two years; • Has received donor funding from Concern Worldwide, Dorcas Aid International, Compassion International and Tear International; • Most of the support they get is in kind in form of office space from Church-RGC, computer from Wings of Support, furniture – cost share with church.	None
A4: Grants management	• LIP develops and submits proposals for funding and produces financial reports for donors; • Has successfully received funding from Concern Worldwide (KES 19M per annum), *Nilinde* Activity (KES 6M for 6 months), Compassion International (KES 33M per annum), Tear International (KES 10M per annum) and Dorcas Aid International (KES 5M per annum). They produce financial reports to donors.	None

A5: Administration and Human Resources	• LIP has a) its own tailor-made child protection policy b) written human resource manual c) written job descriptions; • M&E Knowledge Management staff is noted as vacant in its organogram; • LIP has an office space equipped with office furniture; • They experience electrical power outages but have a standby in Huruma but not in Korogocho and Mathare offices. Key staff have regular access to internet and WIFI; • They have 41 full time staff (5 of them assigned to the *Nilinde* activity) and 84 volunteers who include the CHVs.	• Fill in the position for the M&E and Knowledge Management position.

Table 10c: Redeemed Integrated Development Agency: Strengths, Weaknesses and Recommendations

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition	• Provides **all** of the activities/strategies as defined under the Food and Nutrition section of the OVC minimum standards.	None	None
B2: Education and Vocational training	• Through linkages or direct service provisions, provides all of the activities/strategies as defined under the Educational and Vocational section of the OVC minimum standards with the exception of gaps noted.	• At the time of the assessment, had not established referral mechanisms to ensure comprehensive and continued educational and vocational support to OVC; • No sensitization to schools and institutions to support continuity of education for OVC.	• LIP need to be supported to create referral mechanisms for continued educational and vocational support to OVC; • Support schools and institutions to encourage continuity of OVC education.
B3: Health	• Through linkages or direct service provisions, provides all of the activities/strategies as defined under the Health section of the OVC minimum standards with the exception of the one gap noted.	• Has not created access points to safe and clean water for OVC and their households due to financial constraints.	• If this is a priority for the *Nilinde* activity, funds will need to be allocated to address the gaps in WASH.
B4: Psychosocial support	• Through linkages or direct service provisions, provides **all** of the activities/strategies as defined under the PSS section of the OVC minimum standards.	None	None
B5: Child Protection	• Provides all of the activities/strategies as defined under the Child Protection section of the OVC minimum standards with the exception of the gaps noted.	• Staff not involved in AAC; • Has no knowledge of child helpline services (116 and 1199) for reporting cases of child abuse.	• LIP needs to be educated on training their staff and members on AAC and other community structures in identifying, reporting and investigating child rights abuse; • They should be informed of the child helpline services (116 and 1199) for reporting cases of child abuse.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B6: Household Economic Strengthening	• Strong linkages to NHIF, CDF; SILC, VSL, table banking; health services; • OVC linkages to education and vocational training, DCS; • Assists with birth registration and legal identity cards.	• No linkages to OVC cash transfer, one-time asset transfers e.g. hens, goats etc.; • No trainings in agribusiness, value addition and linkages to marketing opportunities; • No LIP staff member in the AAC.	• Need to increase linkages to provide support to OVC within the noted gaps.
B7: Shelter and care	• Provides all of the activities/strategies as defined under the Shelter and Care section of the OVC minimum standards with exception of the gaps noted.	• No mechanisms and procedures for providing OVC with shelter and care; • No periodic monitoring progress on improved shelter and care support to OVCs; • No training on basic skills to construct and maintain shelters and care; • No participation in consultative meetings with stakeholders on shelter and care support to OVCs.	• Need to support mechanisms for providing OVC with shelter and care including periodic monitoring of the same; • LIP needs to be funded to conduct training on basic skills to construct and maintain shelters and care; • Need to participate in consultative meetings with stakeholders to provide shelter and care support as needed.
B8: Coordination of Care	• Have local database of OVC service and service providers and is linked to county/national database; • Database is updated up to 2015	None	None
B9: Monitoring Evaluation and Knowledge Management	• Has data collection tools with standard reporting formats; • Has documented data flow process; • Maintains OLMIS database; • LIP share its learning or best practices with other CBOs/FBOs	• OLMIS not linked to county/national MIS; • Has no M & E Plan and no measurable OVC-related indicators.	• OLMIS Database needs to be linked to county/national database; • LIP needs to be supported to develop M&E plan and link it to strategic plan; • Need to link to county/national data base, but lack technical skills.

Annex 15: KWETU Training Center for Sustainable Development

Table 11a: KWETU: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Vision and Mission Statements	• Usually reviewed when reviewing strategic plan. Last review was done in 2014.	• None noted	None
Constitution	• A documented constitution exists, and is currently under review.	• It is difficult to specify when it was developed. No dates had been indicated.	• The LIP should indicate clearly the date it was developed.
Executive Committee meeting minutes	• Has a board that meets on a quarterly basis; • Minutes show issues discussed and actions taken.	• None noted	None
Strategic plan	• Has a documented strategic plan for the period 2012-2016. The strategic plan is reviewed every five years in a participatory manner where beneficiaries are also involved.	• The strategic plan has no measurable objectives, indicators, targets nor monitoring and evaluation framework.	• Develop measurable objectives and indicators; • Develop a monitoring and evaluation framework.
Work plan	• Has departmental annual work plan.	• No consolidated annual work plan.	• Develop a consolidated annual work plan.
Costed Work plan	• Has a separate budget not part of the work plan.	• The work plan is drawn as per department but not costed.	• Develop a consolidated costed work plan.
Written Finance Policy and Procedures	• Has one that was revised in January 2015; • The policy is usually revised during strategic plan review.	• Withdrawal limits not stated.	• Should state clearly the funds withdrawal limits.
Financial audit report	• Usually conduct audits annually. Audit report dated 31/12/2014 was on file.	None noted	None
Written procurement Policy and Procedures	• Procedures are embedded in the finance policy.	None noted	None

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Financial report	• Have financial reports for different projects.	None noted	None

Table 11b: KWETU: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations/Remedial Action
Theme A: Institutional Development		
A1: Governance	• The organization has a management board that oversees the organization performance.	None
A2: Planning	• Has a strategic plan for the period 2012-2016, however, the strategic plan has no measurable objectives, indicators, targets nor monitoring evaluation framework.	• The organization has to develop a strategic plan that has measurable objectives and indicators to be able to monitor progress of program work; • A work plan also needs to be developed on an annual basis and costed.
A3: Finance	• Has finance policies and procedures which were revised in January 2015; • Has an account for the organization as well as a project accountant; • Has bank account registered in LIPs name; • Has received funding from other donors as well as in-kind contributions; • Was audited in 2015; • Maintains income/funding and expenditure records; • Has more than one signatory authority.	None
A4: Grants management	• The assessor noted an over expenditure of KES 334757.00 for January 2016 to May 2016 on one of the SLOVAK grants. • The organization has had no official communication with regards to *Nilinde* activity; • Does submit proposals to donors for funding and has received funding from these proposals within the last two years; • Financial reports are submitted to donors.	• In order to minimize over expenditures, the organization should develop a strategy of implementing projects according to plan and conduct monthly reviews of expenditures against the approved budget; • *Nilinde* may consider close oversight of expenditures pertaining to their grant with this partner to catch and correct any possible over expenditures.

Key Areas Assessed	Findings	Recommendations/Remedial Action
A5: Administration and Human Resources	• There exists an organogram of the organization with staff positions that are appropriate to the current programs but due to lack of enough funds the organization depends on only six staff out of the 12 who are in the organization chart; • The organization has contracts of employment but no job descriptions for all the positions; • Does have a child protection policy; • Stated there is an HR manual but assessor could not verify; • Has physical office space with furniture including computers and printer; • Experiences power shortages and has backup solar panels but these are not as effective during the rainy season; • Staff has access to the Internet.	• Develop staff job descriptions for each staff for clarity on roles and responsibilities; • When/if agreement is signed with *Nilinde*, determine which staffs is needed to implement activities outlined within the agreement and move to quickly recruit and hire staff to fill these positions.

Table 11c: KWETU: Strengths, Weaknesses and Recommendations

It should be noted that this LIP has not previously implemented any of the activities/strategies as defined under the Child Protection section of the OVC minimum standards. Historically they have worked with youth and women.

Technical area	Strengths	Weaknesses/gaps	Recommendations
B1: Food and Nutrition		• At the time of the assessment, the LIP had not implemented any activities in this area.	• Determine with *Nilinde* if this is a priority area to be implemented in the LIPs geographic area. Will need resources and mentoring to being implementing.
B2: Education and Vocational training		See above	See above
B3: Health		See above.	See above
B4: Psychosocial support		See above.	See above
B5: Child protection		See above	See above
B6: Household economic strengthening		See above	See above
B7: Shelter and care		See above	See above
B8: Coordination of care		See above	See above
B9: Monitoring evaluation and knowledge management	• Through linked partnerships is able to access expertise when needed; • Has presented findings or results from its programs in public fora; • There is routine supervision of program activities; • Does produce program reports and receives feedback on reports; • Does share best practices with others; • Uses data received from the field to target interventions.	• At the time of the assessment, had significant gaps in M&E and knowledge management with the exception of the strengths noted.	• The organization will need significant assistance and mentoring at the start of implementation of *Nilinde* activities and likely through the first year to be increase their capacities in this area and produce and maintain the systems needed for rigorous M&E and knowledge management.

Annex 16: German Foundation for World Population (DSW)

Table 12a: DSW: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Organizational Chart	• Has a documented organizational chart with all staff positions well illustrated.	None noted	None
Vision and Mission Statements	• Has Vision and Mission statement.	• Has never been changed.	• Suggest reviewing to determine if vision and mission remain the same.
Constitution	• Constitution dated 3rd December 1999.	• May be outdated.	• Suggest review with date of review noted.
Executive Committee Meeting Minutes	• Has a board/executive committee, which meets at least three to four times in a year. The recent one held in March 2016.	None noted	None
Strategic Plan	• The current strategic plan for 2011 – 2016 exists. Is usually reviewed after five years. This is done on a participatory manner.	None noted	None
Annual Work Plan	• Have project annual work plans, which are not consolidated but are costed by individual activities.	None noted	• May want to consider have one consolidated work plan as well as the individual plans.
Written Finance Policy and Procedures	• Written finance policies and procedures exist and are usually updated when reviewing the strategic plan; • All checks require two signatories. There are five available in-house.	• The authorization limits are not known to the staff. They said that the bank has the limits.	• Limits should be placed with a policy enforced.
Financial Audit Report	• Specific annual financial audits done for projects/ grants and follow-up on recommendations highlighted in the reports.	None noted	None
Written Procurement Policy and Procedures	• Written procurement policies and procedures exist. Usually procurement policy and procedures are updated the same time the strategic plan is reviewed. For any service or good that is more than 500 Euros, three quotations have to be sourced. Usually three quotations are developed and service providers sought. After this the procurement administrator analyses and recommends the most appropriate provider.	None noted	None
Financial Report	• Financial reports are produced. The assessor was able to see the financial report for EU for 2015.	None noted	None

Table 12b: DSW: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations/Remedial Action
Theme A: Institutional Development		
A1: Governance	• The organization has a well-organized governance structure.	None
A2: Planning	• The organization usually develops annual plans and reviews them on a quarterly basis.	None
A3: Finance	• The procurement process is conducted in Nairobi, which could delay program implementation.	• Consider de-centralizing the process to facilitate procurement to ease program implementation.
A4: Grants management	• The organization has/generates quarterly financial reports that are shared with the donors; • Has successfully submitted proposals within the last two years for funding; • Including *Nilinde* has at least eight donors for their activities.	None
A5: Administration and Human Resources	• Has an HR handbook, drafted 2016; • Child protection policy is embedded in the management manual; • The manual stipulates clearly on areas of capacity building of its staff. • Has written job descriptions; • Has physical office space with equipment necessary to operate; • Experiences power shortages but has backup generator; • Staff has access to the Internet both in the home office and field.	None

Table 12c: DSW: Strengths, Weaknesses and Recommendations

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition	• The IP has strong community structures and a strong linkage with the ministry of agriculture. • The IP provides **all** the components of this service.	None noted	None
B2: Education and Vocational training	• Provides **all** of the activities/strategies as defined under the Education and Vocational Training section of the OVC minimum standards.	None noted	None
B3: Health	• Provides all of the activities/strategies as defined under the Health section of the OVC minimum standards with the exception of the gaps noted.	• Does not support formation of HIV support groups due to the fact that they feel they will be increasing stigma. Instead have groups that are not discriminatory; • Does not create access points to safe and clean water for OVC and their households due lack of funds.	• Allocate funds or create linkages with other partners to take care of the access points to safe and clean water for OVC and their caregivers.
B4: Psychosocial support	• The organization provides all the services in this service standard.	None noted	None
B5: Child protection	• Provides all of the activities/strategies as defined under the Child Protection section of the OVC minimum standards with the exception of the noted gaps.	• Does not educate caregivers on their roles in holding protection services accountable to children due to lack of adequate funds; • Does not establish mechanisms to support children participation in protection.	• If the gaps noted are priority interventions for *Nilinde*, the LIP will need funding and possibly capacity building to implement.
B6: Household economic strengthening	• Provides all of the activities/strategies either through linkages or direct support as defined under the HES section of the OVC minimum standards with the exception of the gaps noted.	• Does not assist with birth registration and ID cards; • Does not facilitate succession planning; • Staff do not participate in AACs; • Does not link with legal protection mechanisms.	• If the gaps noted are priority interventions under the *Nilinde* activity, the LIP will need to begin implementing activities noted as gaps.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B7: Shelter and care		• As of the time of the assessment, the organization was not implementing activities in this area.	• Discuss whether or not this area is a priority under the *Nilinde* activity and if it is, determine how best to fund and begin implementing activities.
B8: Coordination of care	• The IP has tools for profiling service providers; • The IP has a database of service providers that is updated annually.	None noted	None
B9: Monitoring evaluation and knowledge management	• Meets all requirements for this area defined under the M&E and knowledge management section of the OVC minimum standards with the exception of the gaps noted.	• OLMIS is linked to the sub-county health management system but not the county department of children services; • The organization has no Child Protection Management System.	• The organization should develop a child protection management system and capacity building of its staff on this is needed; • OLMIS needs to be linked to the department of children services.

Annex 17: Catholic Archdiocese of Mombasa (CARITAS Mombasa)

Table 13a: CARITAS: Review of LIP documents

Document Reviewed	Strengths	Weaknesses/gaps	Recommendations
Organizational chart	• An updated Organogram is available dated 25th March 2016.	• Not seen for verification.	• *Nilinde* should review with LIP.
Vision and mission statements	• Has one on a banner displayed in the boardroom.	None noted	None
Constitution	• A constitution exists.	• Not seen for verification.	• *Nilinde* should review with LIP.
Executive Committee meeting minutes		• There is no executive committee instead; there is a management committee that meets when there is need.	• Consider forming a functional executive committee that meets regularly to oversee the operations of the organization.
Strategic plan	• The assessor was able to see a strategic plan for the period 2016-2025.	• Prior to the strategic plan of 2016-2025, there was a strategic plan for 2013 that was not implemented according to the interviewee.	• Review the SP annually against past year's activities and activities planned for the coming year to determine if the strategy is on target. Determine if not, why not and whether or not activities should change or, the strategy should be revised.
Work plan	• The IP has several work plans for different projects.	• The organization does not have a consolidated annual work plan for 2016.	• Develop a consolidated work plan annually to be used as a management tool.
Costed work plan		• Has a separate activity budget.	• The IP to begin costing work plans to help regular monitoring the implementation of planned activities so that corrective measures are taken in advance.
Written finance policy and procedures	• The IP has financial policies and procedures dated 2007.	None noted	• Suggest reviewing and updating if necessary. Provide review dates. Should be done annually.
Financial audit report	• Annual external audits conducted. Last one dated 2016.	None noted	None
Written procurement policy and procedures	• The IP has accounting and procurement policies dated June 2014.	None noted	None
Financial report	• Produces reports for donors.	None noted	None

Table 13b: CARITAS: Findings and Recommendations

Key Areas Assessed	Findings	Recommendations/Remedial Action
Theme A: Institutional Development		
A1: Governance	• The organization is under the umbrella Catholic Archdiocese of Mombasa and has other institutions like Mahali pa Usalama rescue center and Solidarity with Girls in Distress. There is no clear structure of these institutions and the main organization as a whole. Every institution is targeting OVC and therefore clarity on the targets and the interventions is required.	• Determine and document governance plan between all entities with lines of authority and organizational charts for each. Set targets and interventions required for each of the institutions under CARITAS.
A2: Planning	• There is a strategic plan for 2016-2025, which is not costed.	• The organization needs to follow its strategic plan and develop annual costed work plan to guide the organization in program implementation
A3: Finance	• Has full finance staff based in Mombasa; • Bank account registered in name of LIP; • Receives funding from other donors as well as in-kind contributions; • Maintains income/funding and expenditure records; • The financial policies and procedures are fairly in order, with the exception of not being able to verify signatory authority and withdrawal limits.	• Ensure verification of information/documents is made possible whenever needed; • *Nilinde* to review signatory authority.
A4: Grants management	• The IP maintains reports to the donors to inform on project progress which is a good indication.	None
A5: Administration and Human Resources	• This area needs to be streamlined. For example, the assessor was not able to verify any written job descriptions, any unfilled/vacant positions in the organogram which are key administrative tools for the organization.	• The institutions under CARITAS need to have a clear reporting structure.

Table 13c: CARITAS: Strengths, Weaknesses and Recommendations

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition		• The IP do not target OVC on this intervention.	• The organization can create linkages with other partners so that OVC get this service.
B2: Education and Vocational training	• The organization provides 15 out of the 16 components of this standard.	• Does not monitor age and gender appropriateness of effort that promotes educational progress of OVC.	• If this is a priority intervention under the *Nilinde* activity, LIP should set up monitoring systems to bridge this gap. Alternatively, could link with other partners who provide the service.
B3: Health	• Provides all of the activities/strategies as defined under the Health section of the OVC minimum standards with the exception of the gap noted.	• Due to lack of funds the organization cannot create access points to safe and clean water for OVCs and their households.	• If this is a priority intervention for *Nilinde*, funds will need to be allocated to implement activities to fill this gap.
B4: Psychosocial support	• Provides all of the activities/strategies as defined under the PSS section of the OVC minimum standards with the exception of the gap noted.	• The organization is not able to conduct PSS needs assessments among community PSS providers due to lack of funds.	• Consider linking with other organizations that conduct assessment or, if a priority in the *Nilinde* activity, will need to allocate resources to fill this gap.
B5: Child protection	• Provides all of the activities/strategies as defined under the Child Protection section of the OVC minimum standards with the exception of two, noted as gaps.	• Currently does not train existing community structures in identifying, reporting and investigating child rights abuses; • Currently does not disseminate national guidelines on child participation through forums.	• Suggest creating linkages with other organizations providing child protection services and others having IEC materials on participation guidelines.
B6: Household economic strengthening	• Provides all of the activities/strategies as defined under the Child Protection section of the OVC minimum standards either directly or through linkages with the exception of the gaps noted.	• There is no clarity on the number wards where these services are being provided; • Does not assist with birth registration and legal identity cards. It does not facilitate succession planning.	• Data needs to be collected and recorded so that areas of program intervention are clear; • Linkages with other partners and the ministry of registration of births and deaths need to be created so that these components can be provided to the OVC.

Theme B: Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B7: Shelter and care	• Provides all of the activities and strategies as defined under the Shelter and Care section of the OVC minimum standards with the exception of the gaps noted.	• Does not periodically monitor progress on improved shelter in ID'd households; • Does not provide training on basic skills to build and maintain shelters.	• Suggest mobilizing the community or church members to fill the gaps noted.
B8: Coordination of care	• Conducted a local mapping of OVC services and service providers in 2015.	• Does not maintain a database of OVC service providers.	• Using the results of the 2015 mapping, design a database and update annually.
B9: Monitoring evaluation and knowledge management	• Has a clear plan to strengthen M&E capacity; • Provides in-service training on M&E; • Has a written M&E plan that includes measurable OVC indicators and has tools for data collection; • Through linkages has the ability to access expertise when needed; • Does maintain CPMIS and it is linked to the county/national CPMIS data base; • Produces program reports on a quarterly basis for donors and various government ministries for which feedback is received; • Uses data to as a management tool to inform interventions.	• Does not have a dedicated M&E staff person at this time but intends to hire one for *Nilinde*; • There are no written job descriptions for M&E staff; • Does not use standard reporting formats; • There is no documented data flow between implementation and management levels; • The organization does not have an OVC longitudinal Management Information system.	• As a matter of urgency recruit and hire an experienced and well-qualified M&E staff person, soonest the agreement with *Nilinde* is signed. Determine if OLMIS is a priority for *Nilinde* and if so, begin set up and implementation urgently.

Annex 18: Capacity Assessment of Department of Children Services by County

Nairobi County Department of Children's Services

Table 14a: Nairobi County: Review of CDCS documents

	Strengths	Weaknesses/gaps	Recommendations
Organizational Chart	• Available but not seen or verified.	• Not easily accessible.	• Need to be made widely accessible.
Strategic Plan	• Available and verified; • Guides on how to identify locations and data	None	None
Work plans	• Available and verified; • They use OVC Road Map.	• No county specific work plan; • Work-plan not costed.	• If feasible, develop a work plan for the county and sub-counties; • Need a costed work-plan.
M&E Plan	• Held at the national level.	• No written county-specific M&E plan.	• If feasible, develop an M&E plan.
Monthly, Quarterly, Annual reports	• Provides both quarterly and annual reports to the OVC secretariat, senate and parliament.	None	None

Table 14b: Nairobi County Department of Children's Services

Key Areas Assessed	Findings	Recommendations
Theme A: Institutional Development		
A1: Governance	• Has an organization chart but could not be verified; not easily accessible.	• Should be accessible to all staff.
A2: Planning	• There is no county-specific strategic plan related to OVC. The strategic plan is held at the national level together with operational manuals; • There is an annual work plan however it is not costed. They use OVC Road Map.	• If permissible, develop county-level strategic plan.
A3: Finance	• DCS receives donor funds from DFID, UNICEF, World Bank for cash transfers; also receives funds for recurrent expenditure from the government through the national treasury; • DCS does not receive any in-kind support.	None
A4: Grants management	• No proposals for grants are developed at the county. They just have to agree with what the national level government does; • DCS has not received any funding since proposals are not developed at the county level; • No financial reports for donors are done at the county level.	• If support is provided, the County may be able to submit proposals to other entities other than the GOK.
A5: Administration and Human Resources	• There are many vacant positions that are not filled on children's officers; of the 17 constituencies and only 9 constituencies have staff; • Has physical space equipped with office furniture with working computer and printer; • Does not usually experience electrical power shortages; • Key staff don't have regular access to the Internet. They use modems that are normally expensive. No government budget for this.	• If possible, *Nilinde* could provide in-kind equipment and support the hiring of additional officers.

Table 14c: Nairobi County Department of Children's Services.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition	• Organizes forums to gauge the communities need for food and nutrition needs; • Conducts household needs assessments through the welfare committees; • There is CSAC (Consistency self-assessment committees) at each constituency that does assessments; • Establishes mechanisms to promote good nutritional practices among OVC and their families; • Creates linkages and referrals systems for OVC requiring specialized or emergency food and nutrition support; • Provides food support for OVC households without access to adequate food supplies.	None	None
B2: Education and Vocational training	• Holds community forums with stakeholders to identify OVC who do not attend school; • Collects data on household and other barriers to education; • Conducts site visits to schools to monitor OVC attendance; • Develops written agreements with participating schools and institutions creating clear roles and responsibilities.	• Does not promote access to ECD programs; • Does not provide or facilitate market-driven vocational training; • Does not promote transition of girls from primary to secondary schools; • Does not establish referral mechanisms to ensure comprehensive and continued educational and vocational support to OVC; • Does not discuss the importance of education with OVC and the members of their households; • Does not encourage education and training institutions to enhance their support for continuity of education for OVC; • Do not hold meetings with community members to create awareness of the educational needs and rights of OVC.	• Have capacity building needs to engage with the community, schools, and training institutions and in establishing referral mechanisms for continuity of OVC care and support.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B3: Health	• Helps in identifying the common health problems in the community and developed health assessment tool.	• Does not train service providers on HIV prevention, life skills and adolescent sexual reproductive health; • Does not support formation of age-specific peer clubs, HIV support groups and treatment literacy and ART adherence support; • Does not collaborate with other HIV-prevention programs; • Does not sensitize CHVs and OVC committees members on the health prevention and promotion needs of OVCs; • Does not train community health workers and caregivers on health needs of OVCs; • Does not conduct household assessments to determine the current access to safe water and sanitation practices; • Does not create access points to safe and clean water for OVCs and their households; • Does not refer sexually abused children to the MoH or other appropriate service providers.	• None, as these activities are typically implemented through other departments within the Ministry.
B4: Psychosocial support	• Provides guidance to CHW and service providers on provision of PSS; • Provides platforms for OVC to express their ideas and distributes information; • Does conduct PSS awareness education; • Does provide on-going support to caregivers to provide PSS; • Works with partners to form peer PSS groups through schools and communities; • Provide platforms for OVCs to express their needs and ideas; • Has an inventory of PSS providers with whom to link OVC.	• Does not participate in forums to inform communities on PSS for care of OVC.	• *Nilinde* could provide support to DCS to inform communities on PSS for care of OVC

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B5: Child protection	• Educates caregivers and community on child protection; • Trains children and stakeholders on child rights; • Facilitates alternative family care for OVC; • Links OVCs with special needs to social safety nets; • Provides training to caregivers and community structures on recognizing abuse and educates on their role in holding protective services accountable to children; • Tracks existing child protection service providers at point of service delivery (in its formative stage); • Establish mechanisms, such as children advisory groups, to support children's participation in protection; • Disseminate national guidelines on child participation through forums and community events.	• Does not link OVC with special needs to rehabilitative and reintegration services.	• If admissible, perhaps *Nilinde* could provide support DCS to link OVC with special need to rehabilitative and reintegration services.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B6: Household economic strengthening	• Provides direct support in OVC Cash Transfer Program as well as to NHIF; • Provides basic financial literacy; • Collaborate with the existing education and training resources to create opportunities for OVCs; • Assist with birth registration and legal identity cards; • Help with networking with other child protection Departments such as police, child protection desks; • DCS staff are members of the AAC; • They facilitate succession planning; • Link with the legal protection mechanisms for OVCs through the provision of legal services; • Connect child-headed households with role models/mentors (Home visit).	• Does not provide asset transfers, linkages to CDF, Youth Empowerment Centers, SILC, VSL, table banking; • Does not provide linkages to training in agribusiness, producer-market groups and promotes family-focused approach to health, nutrition and education as well as basic financial literacy; • Do not link LIPs to ensure grassroots implementation of child safeguarding policies.	• *Nilinde* should support DCS to create linkages with CDF, SILC, VSL; • *Nilinde* should support DCS to train in agribusiness, producer-market groups as well as basic financial literacy; • DCS should be supported to ensure implementation of child safeguarding policies.
B7: Shelter and care	• DCS identify knowledge and skill gap related to shelter and care provision for OVC households; • Periodically monitors progress on improved shelter and care support; • Maintains inventory of services and resources for shelter and care support; • Conducts regular monitoring of OVC family/living environment.	• Does not hold and participate in consultative meetings with stakeholders to determine mechanisms and procedures for providing OVC shelter and care support; • Does not hold sensitization meetings to reduce stigmatization of OVC; • Does not mobilize stakeholders and resources to commit funding to OVC shelter and care support; • Does not train OVC and caregivers on the shelter and care support; • Does not provide training on basic skills to construct and maintain shelters.	• *Nilinde* needs to support DCS to hold consultative meetings to determine mechanisms of providing OVC shelter and care support; • *Nilinde* needs to support DCS to mobilize stakeholders to commit funds for shelter and care; train OVCs and caregivers on shelter and care support.
B8: Coordination of care	• Conducts mapping of OVC service providers and updates as needed; • Ensures local database is linked with databases maintained by LIPs and are updated as needed.	None	None

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B9: Monitoring evaluation and knowledge management	• Has one staff member responsible for M&E with a written job description; • Has data collection tools and standard reporting formats; • Data does flow between the offices at the county/sub-county levels to the national level; • County has linkages to access evaluation expertise; • The DCS has produced evaluation report at the national level; • Through linkages, DCS has access to evaluation expertise; • There are mechanisms to check the accuracy of the DCS OVC data; • DCS maintains CPMIS database; • DCS produces program reports on a quarterly basis; • DCS shares its learning or best practices with other LIPs.	• There is no county specific M&E plan; • The overall M&E plan is linked to the Department strategic plan and includes OVC-related indicators; • DCS does not maintain OLMIS database; • DCS CPMIS does not link to LIPs CPMIS.	• Advocate for county specific M&E plan; • DCS be supported to maintain OLMIS database; • Advocate for link to CBO/LIP CPMIS database.

Mombasa County Department of Children's Services

Table 15a: Mombasa County: Review of CDCS documents

	Strengths	Weaknesses/gaps	Recommendations
Organizational Chart	• The department uses a National organogram.	• County specific Organization chart does not exist.	• Generate a county specific organogram.
Strategic Plan		• Has no knowledge about the County strategic plan.	• Develop county SP.
Work plans	• Does exist for the period July 205 to June 2016.	None	None
M&E Plan	• Held at the national level	• No county-specific M&E plan primarily as there is no M&E officer available.	• If feasible, develop an M&E plan.
Monthly, Quarterly, Annual reports	• Provides cash transfer reports on a quarterly basis.	None	None

Table 15b: Mombasa County Department of Children's Services

Key Areas Assessed	Findings	Recommendations
Theme A: Institutional Development		
A1: Governance	• The department uses a National organogram showing staff positions ranging from the Principle Secretary at the National level to Children's Officer II at the county level.	• Develop a county specific organogram.
A2: Planning	• There is no county specific strategic plan; • There is an annual work plan for July 2015 to June 2016.	• If permissible, develop county-level strategic plan.
A3: Finance	• The department receives funds from UNICEF, DFID and World Bank but documentation is kept at the head office; • The department does not receive any kind support.	None
A4: Grants management	• The department does develop and submit proposals for funding and produce financial reports to the donors but this was not verified.	None

Key Areas Assessed	Findings	Recommendations
A5: Administration and Human Resources	• The County Director of Children services has neither assistant nor secretary, she only has a clerk. The position of Children Officer II at the county level is vacant and Jomvu Sub-County have no officer; • The office space is very big but has no executive chairs, no conference table and chairs. Electrical power shortage is experienced occasionally. Staff at county and sub-county use modems to communicate, WIFI wiring has been done but installation not done yet due to lack of funds.	• If possible, *Nilinde* could provide the furniture and support installation of the WIFI.

Table 15c: Mombasa County Department of Children's Services

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition	• The department only organizes forums to discuss and gauge the community's food and nutrition needs.	• Does not conduct mapping and linkages for food support; • Does not participate in promotion of knowledge on OVC nutrition, their households and the community; • Does not enable HH to access micro-nutrients; • Does not link OVC to livelihood programs; • Does not aid in increasing access to nutritious food by OVCs and their HH.	• Work with and/or link with partners to provide services that fill the gaps that are either not mandated by the MOH or mandated but the county is not able to provide.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B2: Education and Vocational training	None	• Does not promote access to ECD programs and safe school environment primary education completion; • Does not offer market-driven vocational training; • Does not develop and implement appropriate mechanisms that address educational barriers; • Does not establish referral mechanisms to ensure appropriate, comprehensive and continued educational and vocational support to OVC.	• Work with and/or link with partners and other county department to provide education and vocational training.
B3: Health	None	• Does not enhance access to HIV prevention, treatment, care and support as well as curative services for OVCs; • Does not aid in prevention of childhood illness in OVCs, as per the KEPH; • Does not promote safe water, hygiene and sanitation practices in their target communities and in OVC households.	• Work with and/or link with partners and County MoH to provide health.
B4: Psychosocial support	• Participates in forums to inform communities on PSS for care of OVC; • Builds the capacity of OVC to recognize, understand, meet and obtain their PSS needs.	• Does not provide guidance to CHW and service providers on provision of PSS; • Does not conduct PSS awareness education for the community; • Does not form peer support groups; • Does not strengthen community and household capacities to provide PSS to OVCs and their caregivers.	• *Nilinde* could provide training in PSS support.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B5: Child protection	• Educates caregivers and community on child protection; • Through linkages strengthen the capacity of households and local community structures to enhance OVC protection and maximize utilization of resources; • Through linkages support OVC caregivers to participate in matters affecting them; • Keeps track of child existing protection service providers to ensure case management, law enforcement and appropriate referrals; • Links OVCs with special needs to social safety networks, rehabilitative or reintegration services; • Sensitizes caregivers on positive parenting.	• Does not support or provide services to address children with disabilities; • Does not organize fun/play days for OVC.	• If possible, *Nilinde* could facilitate support for children with disabilities.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B6: Household economic strengthening	• Provides direct support in OVC Cash Transfer Program as well as to NHIF; • Provides linkages to social safety net programs; • Collaborates with existing education and training resources to create opportunities for OVC; • Links with other partners to assist birth registration and legal identity, child protection, networking with other child protection departments, ensure implementation of child safeguarding policies and facilitate succession planning; • Provides linkages to child protection and legal protection mechanisms; • All sub-county staff members of AAC; • Through partners does make referrals to PSS services.	• Does not encourages youth and OVC to join Savings Groups; • Does not provide linkages to health services; • Does not provide linkages to food and nutrition; • Does not provide linkages to community-based enterprise development training for basic financial literacy.	• Assist with knowledge to support the youth in participating in saving groups; • Strengthen linkages to enhance involvement and knowledge to financial literacy, access and utilization of health and nutrition services.
B7: Shelter and care	None	• Does not conduct household needs assessments to determine and support appropriate community shelter and care initiatives for OVCs and their families; • Has no inventory of services and resources to provide shelter and care support to OVCs; • Has no capacity to sensitize community and households on importance of OVC receiving regular and loving care.	• Work with and/or link with partners and other county departments to provide shelter and care support to OVC.
B8: Coordination of care	• Conducts mapping of OVC service providers and updates as needed; • Updates service and service provider database as needed.	• Is not able to ensure that local database is linked to databases maintained by CBOS of all service providers.	• Facilitate bringing together all CBOs once/quarter to share information.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B9: Monitoring evaluation and knowledge management	• The County Director of Children Services is responsible for M&E; • Has data collection tools, standard reporting formats and documents data flow between implementation level and management level for data collection and data management; • Evaluation report is produced every three years; • Findings or results from programs are presented during Children Officers meetings, stakeholders meetings and departmental meetings; • Data is maintained in a singly registry website; • Data quality assurance done through routine supervision on a quarterly basis.	• Written job descriptions, plans to strengthen staff capacity are maintained at the head office; • In-service training and mentoring is done from the head office; • The monitoring and evaluation plan is maintained at the National level; • Does not have access to evaluation expertise, instead it hires.	• Have job descriptions, plans at the county level; • Advocate for link to CBO/LIP CPMIS database.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B10: Knowledge Management/ Learning	• Maintains both longitudinal and transverse MIS; • Maintains CPMIS; • Produce program reports on a quarterly basis; • The recipients of the reports are Ministry of Labor and Social Services and Donors; • Department receives feedback on the reports submitted; • Department shares its learning and best practices in community barazas and when CBOs/FBOs request; • Uses poverty index to target OVCs and their households in the community; • Data is used to negotiate resources treasury to scale up/down services or interventions.	• Does not link to CBOs/LIPs OLMIS database; • Is not linked to CBOs/LIPs CPMIS.	• Advocate to MISs to CBOs/LIPs.

Taita Taveta County Department of Children's Services

Table 16a: Taita Taveta: Review of CDCS documents

	Strengths	Weaknesses/gaps	Recommendations
Organizational Chart	• Available and reviewed.	• Is not complete. Only shows Head of Department, sub-county officers and two support staff.	• Update and ensure organizations chart is complete.
Strategic Plan		• County SP does not exist. Everything is rolled into a national strategic plan.	• If permissible, County team to develop their own SP based off of the national plan.
Work plans		• No county specific work plan. There is a current national work plan but it is not costed.	• If feasible, develop a work plan for the county and sub-counties.
M&E Plan	• Held at the national level.	• No county-specific M&E plan primarily as there is no M&E officer available.	• If feasible, develop an M&E plan.
Monthly, Quarterly, Annual reports	• Provides both quarterly and annual reports to the OVC secretariat.	None	None

Table 16b: Taita Taveta County Department of Children's Services

Key Areas Assessed	Findings	Recommendations
Theme A: Institutional Development		
A1: Governance	• Has an organization chart but not available on paper. Is not complete.	• Update and complete organizational chart.
A2: Planning	• There is no county-specific strategic plan related to OVC. The strategic plan is held at the national level which does contain OVC related plans; • There is an annual work plan however it is not costed and sits with the national government.	• If permissible, develop county-level strategic plan; • If permissible, develop a county-specific work plan.
A3: Finance	• Receives funds from World Bank for cash transfers; Receives AIE funds which are distributed through the national treasury	None
A4: Grants management	• Proposals for grants are developed at the national level. Reporting to donors is done at the national level.	• If support is provided, the County may be able to submit proposals to other entities other than the GOK.
A5: Administration and Human Resources	• There is only one officer/office, which is a challenge, as they have to do field work as well as office work. When officers are in the field, the office is closed and is not able to provide services; Where offices are rented, they report rent isn't paid and they are obliged to find another office. Have computers in some offices, not in others (in Taita Taveta office, officer used own laptop) but no functioning printer. There are regular power shortages. Staff at county and sub-county use modems to communicate. Regularity of funding is an issue. From June-October 2015, it was reported they received no funds so used their own money to operate.	• If possible, *Nilinde* could provide in-kind equipment and support the hiring of additional officers.

Table 16c: Taita Taveta County Department of Children's Services.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition	• Gauges the communities need for food and provides food support via links to Interior Ministry on food relief; • Conducts OVC mapping; • Creates linkages and referrals for OVC in need of nutrition support.	• Does not provide mechanisms to promote good nutritional practices or create community awareness on nutrition and dietary diversification; • Does not enable HH to access micro-nutrients; • Does not link OVC to livelihood programs.	• Work with and/or link with partners to provide services that fill the gaps that are either not mandated by the MOH or mandated but the county is not able to provide.
B2: Education and Vocational training	• Works with schools (through partners) to provide safe environment for OVC and promotes access to ECD programs and HIV and gender-sensitive learning spaces; • Promotes girls transition from primary to secondary school; • Works to ensure all children are in school through strengthening community-school relationships; • Works very closely with the MOE and Chiefs; • Has established referral mechanisms through MOE to ensure continued education and to encourage schools to support OVC.	• Does not provide or facilitate market-driven vocational training.	• Work with partners to provide or facilitate market-driven vocational training.
B3: Health	• Does not work directly in the health sector per se but does have strong linkages with the MOH under whose mandate health activities fall; • Does ID HIV-positive OVC and OVC at risk of HIV and links them to appropriate care and service; • Refers sexually abused children to the MOH or other service providers for care and treatment.	None	None

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B4: Psychosocial support	• Participates in forums to inform communities on PSS for care of OVC; • Provides guidance to CHW and service providers on provision of PSS; • Provides platforms for OVC to express their ideas and distributes information; • Works with partners to form peer PSS groups through schools and communities; • Has an inventory of PSS providers with whom to link OVC.	• Does not conduct PSS awareness education due to lack of staff; • Does not provide on-going support to caregivers to provide PSS due to lack of staff and staff knowledge.	• If possible, *Nilinde* could provide additional staff where needed; • *Nilinde* could provide training in PSS support.
B5: Child protection	• Educates caregivers and community on child protection; • Trains children and stakeholders on child rights; • Facilitates alternative family care for OVC; • Provides training to caregivers and community structures on recognizing abuse and educates on their role in holding protective services accountable to children; • Tracks existing child protection service providers at point of service delivery (in its formative stage); • Links OVC with special needs to safety nets as well as to rehabilitative and reintegration services.	• Does not support or provide services to address children with disabilities.	• If within the DCS mandate, consider providing support to children with disabilities.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B6: Household economic strengthening	• Provides direct support in OVC Cash Transfer Program as well as to NHIF; • Provides linkages to social safety net programs; • Encourages youth and OVC to join Savings Groups Plus; • Links with partners to track referrals to health services; • Through MOH collaborates on existing education and training resources; • Provides linkages to child protection and legal protection mechanisms; • All sub-county staff members of AAC; • Through partners does make referrals to PSS services.	• Does not provide asset transfers; • Does not provide support to self-help groups; • Does not provide linkages to training in agribusiness, producer-market groups and promotes family-focused approach to health, nutrition and education as well as basic financial literacy; • Does not provide succession planning (does not have knowledge in this area).	• *Nilinde* may support DCS to provide linkages to training in agri-business; producer-market groups and other gaps as needed.
B7: Shelter and care	None	• Does not conduct household needs assessments to determine and support appropriate community shelter and care initiatives for OVCs and their families; • Has no inventory of services and resources to provide shelter and care support to OVCs; • Has no capacity to sensitize community and households on importance of OVC receiving regular and loving care.	• Work with and/or link with partners and other county department to provide shelter and care support to OVCs.
B8: Coordination of care	• Conducts mapping of OVC service providers and updates as needed.	• Is not able to ensure that local database is linked to databases maintained by CBOS of all service providers as CBOs report directly to donors and information sharing is a challenge.	• Facilitate bringing together all CBOs once/quarter to share information.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B9: Monitoring evaluation and knowledge management	• Department has data collection tools and standard reporting formats however, not specific to OVC-related reporting; • Data does flow between the offices at the county/sub-county levels to the national level; • County has linkages to access evaluation expertise; • Evaluations if done, would be done at the national level; • There is a mechanism to check the accuracy of data reported; • Routine supervision of program activities includes data review; • Maintains CPMIS database; • Produces quarterly reports that feed into the national level, OVC secretariat and feedback on reports is provided; • Uses data on social economic parameters in CTS-OVCS to target OVC; • Uses data for information sharing, reviewing strengths and weaknesses and to provide better services to children.	• Each office only has one staff member. There is an M&E person at the national level. Therefore, at the county level, there isn't an M&E person, no plan to strengthen M&E, no M&E plan; no OVC indicators; • Does not have OLMIS at the county level; • CPMIS does not link to CBOs/LIPs CPMIS data base.	• Advocate for OLMIS; • Advocate for link to CBO/LIP CPMIS database.

KILIFI County Department of Children's Services.

Table 17a: Kilifi: Review of CDCS documents

	Strengths	Weaknesses/gaps	Recommendations
Organizational Chart	• Available in soft copy.	• Could not be accessed from the CCCs laptop despite him affirming the availability.	• If possible a hardcopy for ease of reference should be provided.
Strategic Plan	• Available – National Plan of Action (2015).	• County SP was not seen/verified.	• Should be made available to all staff; • Have a County SP in place
Work plans	• Available	• County work plan was not seen/verified and it is not costed.	• Work plan should be costed and made available in the County office.
M&E Plan	• Held at the national level.	• No county-specific M&E plan primarily as there is no M&E officer available.	• If feasible, develop an M&E plan.
Monthly, Quarterly, Annual reports	• Provides both quarterly and annual reports to the OVC secretariat.	• Available in softcopy.	• If possible a hardcopy for ease of reference should be provided.

Table 17b: Kilifi Department of Children's Services

Key Areas Assessed	Findings	Recommendations
Theme A: Institutional Development		
A1: Governance	• Has an organizational chart in soft copy.	• If possible a hard copy of the organizational chart should be available.
A2: Planning	• There is no county-specific strategic plan related to OVC. The strategic plan is held at the national level which does contain OVC related plans; • There is an annual work plan (softcopy) however it is not costed.	• If permissible, develop county-level strategic plan; • If permissible, develop a county-specific work plan.
A3: Finance	• Receives funds from World Bank; DFID and UNICEF; • Receives Laptop (PLAN; DFID; World Bank); • Printers/Scanners/Photocopiers (Plan); • Vehicle's (2 World Bank; 2 UNICEF).	None
A4: Grants management	• Proposals for grants are developed at the County level; none has been developed in last two years. Reporting to donors is done at the County level.	• Frequency in writing /submitting proposals for grants should be looked into.
A5: Administration and Human Resources	• There are no children officers in Rabai and Kilifi South sub-counties. No support staff (Secretary/Clerk) at the county office; • Offices are within the County Government office. There are regular power shortages; • Staff at county and sub-county use modems to communicate; • The Children's Department operates as any other government departments.	• The County should consider hiring support staff.

Table 17c: Kilifi County Department of Children's Services

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B1: Food and Nutrition	• Conducts HH assessments; • Conducts OVC mapping; • Establish mechanisms to promote good nutritional practices; • Creates linkages and referrals for OVC in need of nutrition support.	None	None
B2: Education and Vocational training	• Works with schools (through partners) to provide safe environment for OVC and promotes access to ECD programs and HIV and gender-sensitive learning spaces; • Develops and implements appropriate mechanisms to address educational barriers via forums, data collection and site visits; • Works to ensure all children are in school through strengthening community-school relationships.	• Has no written agreements with participating schools; • Does not involve OVC, caregivers and stakeholders in conducting market assessments for vocational training; • Does not provide or facilitate market-driven vocational training.	• The County Children's Department should have a written agreement with schools; • County should involve OVC, caregivers and stakeholders in conducting market assessments for vocational training.
B3: Health	• Linkages with the MOH under whose mandate health activities fall; • DO ID HIV-positive OVC and OVC at risk of HIV and links them to appropriate care and service; • Refers sexually abused children to the MOH or other service providers for care and treatment.	None	None
B4: Psychosocial support		• Does not conduct PSS awareness education due to lack of staff/funding; • Does not provide on-going support to caregivers to provide PSS due to lack of staff and staff knowledge.	• The County department should consider working with partners on PSS and in building capacity; • *Nilinde* could provide training in PSS support.

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B5: Child protection	• Educates caregivers and community on child protection; • Trains children and stakeholders on child rights; • Facilitates alternative family care for OVC. • Provides training to caregivers and community structures on recognizing abuse and educates on their role in holding protective services accountable to children; • Tracks existing child protection service providers at point of service delivery (in its formative stage); • Links OVC with special needs to safety nets as well as to rehabilitative and reintegration services.	• Lack of sensitization of caregivers on positive parenting.	• Should offer training to the caregivers on positive parenting.
B6: Household economic strengthening		• Does not support asset transfer; • Does not provide training to agribusiness; • Weak link with succession planning inheritance and will writing.	• Need to work with the OVC HHs offer training and empower households and link them to the market; • Focus on the component on training in agribusiness, value addition for sustainability.
B7: Shelter and care	• Provide services by linkages to partners who provide shelter.	• No inventory of services and resources to provide shelter.	• County should map partners who work with OVCs shelter and care.
B8: Coordination of care	• Conducts local mapping of OVC service providers; • Ensure local database is maintained and linked with databases maintained by CBO; • Update service and service provided databases are needed.	None noted	None

Technical area	Strengths	Weaknesses/gaps	Recommendations/Remedial Action
B9: Monitoring evaluation and knowledge management	• Department has data collection tools and standard reporting formats OVC-related reporting; • Uses standard reporting format; • Evaluations done at the county level when report is complete; • Presents findings in meetings; • County has linkages to access evaluation expertise; • There is a mechanism to check the accuracy of data reported; • Routine supervision of program activities. • Maintains OLMIS database; • Maintains CPMIS.	• No M&E Plan; • No M&E Staff, and job description in place; • No plan to strengthen M&E; • Country OLMIS does not link to CBO/FBO databases.	• Needs to strengthen M&E to track progress and targets for the county; • Hire M&E Staff; • Link to LIP OLMIS databases if possible.